
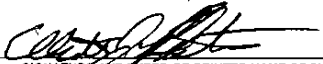


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90062 007 ****61.25

DOCUMENT # N01000000644					
1. Entity Name SEMINOLE LAKES HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business LAMPSTEIN LN. SEMINOLE LAKES BLVD. ROYAL PALM BCH., FL 33411			Mailing Address C/O ANN MANAGEMENT, INC. 314 NE 3RD ST BOYNTON BEACH, FL 33435		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 90 C.A.M.S. Suite, Apt. #, etc. 314 NE 3rd Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 314 NE 3rd Street			
City & State		City & State Boynton Beach, FL		4. FEI Number 65-1131069	
Zip 33435		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIA KO LP 500 AUSTRALIAN AVE. SOUTH WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME BATES, ELLIOTT STREET ADDRESS 111 SEMINOLE LAKES DR. CITY-ST-ZIP ROYAL PALM BCH., FL 33411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME HEDRICK, DANA STREET ADDRESS 304 RIVER BLUFF LN. CITY-ST-ZIP ROYAL PALM BCH., FL 33411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME RIOS, RAY STREET ADDRESS 211 SEMINOLE LAKES DR. CITY-ST-ZIP ROYAL PALM BCH, FL 33411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME HERNANDEZ, YVETTE STREET ADDRESS 315 RIVER BLUFF LANE CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE Dir NAME Jim Stephan STREET ADDRESS 215 Seminole Lakes Dr. CITY-ST-ZIP Royal Palm beach, FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  ELLIOTT J BATES			2/22/07 561 385 6285		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		