

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000644

FILED
Apr 01, 2009
Secretary of State

Entity Name: SEMINOLE LAKES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O CAMS
314 NE 3RD STREET
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

C/O C.A.M.S.
314 NE 3RD ST
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 65-1131069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF
500 AUSTRALIAN AVE. SOUTH
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BATES, ELLIOTT
Address: 111 SEMINOLE LAKES DR
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SD () Delete
Name: HEDRICK, DANA
Address: 304 RIVER BLUFF LN.
City-St-Zip: ROYAL PALM BCH., FL 33411

Title: VD () Delete
Name: RIOS, RUN
Address: 211 SEMINOLE LAKES DR
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TD () Delete
Name: HERNANDEZ, YVETTE
Address: 315 RIVER BLUFF LANE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D () Delete
Name: STEPHON, JAM
Address: 215 SEMINOLE LAKES DR
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RIOS, RAY
Address: 211 SEMINOLE LAKES DR
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STEPHAN, JIM
Address: 215 SEMINOLE LAKES DR
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERI MCKENZIE

BKPR

04/01/2009

Electronic Signature of Signing Officer or Director

Date