2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001091

FILED Apr 24, 2006 Secretary of State

Entity Name: SEMINOLE MANOR NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3809 ROSWELL DR 3805 ROSWELL DR TALLAHASSEE, FL 32310 TALLAHASSEE, FL 32310

Current Mailing Address: New Mailing Address:

3809 ROSWELL DR 3805 ROSWELL DR TALLAHASSEE, FL 32310 TALLAHASSEE, FL 32310

FEI Number: 02-0587005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RINEHART, ROBERT W
3809 ROSWELL DR
TALLAHASSEE, FL 32310 US
RINEHART, ROBERT W
3805 ROSWELL DR
TALLAHASSEE, FL 32310 US

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: ROB RINEHART 04/24/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: RINEHART, ROBERT W RINEHART, ROBERT W

Address: 3809 ROSWELL DR Address: 3805 ROSWELL DR
City-St-Zip: TALLAHASSEE, FL 32310 City-St-Zip: TALLAHASSEE, FL 32310

Title: V () Delete Title: () Change () Addition

 Name:
 CLARK, WILMA
 Name:

 Address:
 308 N DELLVIEW DR
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:

 Name:
 RINEHART, BETHANY
 Name:
 RINEHART, BETHANY

 Address:
 3809 ROSWELL DR
 Address:
 3805 ROSWELL DR

 City-St-Zip:
 TALLAHASSEE, FL 32310
 City-St-Zip:
 TALLAHASSEE, FL 32310

I hereby certify that the information supplied with this filing does not qualify for the 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: ROB RINEHART D 04/24/2006