

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003034

FILED  
Jan 21, 2008  
Secretary of State

Entity Name: SEMINOLE LAKE TOWNHOUSE ASSOCIATION, INC.

**Current Principal Place of Business:**

2750 NE 14TH STREET  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 70071  
FORT LAUDERDALE, FL 333070071 US

**New Mailing Address:**

FEI Number: 30-0218172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TOTAL MANAGEMENT SOLUTIONS  
3601 NE 20TH AVE  
FORT LAUDERDALE, FL 33308 US

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

TOTAL MANAGEMENT SOLUTIONS  
1631 SOUTH FEDERAL HIGHWAY # 404  
POMPANO BEACH, FL 33062 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: THOMAS C. LONG

01/21/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BACHMAN, DOUG  
Address: 2742 NE 14TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: S ( ) Delete  
Name: ALLEN, STEVE  
Address: 2742 NE 14TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: T ( ) Delete  
Name: ENGELKE, BRYAN  
Address: 2750 NE 14TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33304

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: THOMAS C. LONG

M

01/21/2008

Electronic Signature of Signing Officer or Director

Date