2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jul 06, 2004 8:00 am
Secretary of State
05-05-2004 90196 048 ****61.25

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04192004 Chg-NP CR2E037 (10/03)

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1. Entity Name
SEMINOLE PALMS OF LARGO HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1721 RAINBOW DRIVE CLEARWATER, FL 33755	1721 RAINBOW DRIVE CLEARWATER, FL 33755

2. Principal Place of Business	3. Mailing Address
1633 E. Vine Street	1633 E. Vine Street
Suite, Apt. #, etc.: Suite 110	Suite, Apt. #, etc.: Suite 110
City & State: Kissimmee, FL	City & State: Kissimmee, FL
Zip: 34744 Country: U.S.	Zip: 34744 Country: U.S.

4. FEI Number: 51-0481310 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LELAND MANAGEMENT INC. 1633 E. VINE ST. SUITE 110 KISSIMMEE, FL 34744	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VERNON, JAMES M 1721 RAINBOW DRIVE CLEARWATER, FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STEFFENS, LOU 2630 SO. FALKENBURG ROAD RIVERVIEW, FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HOVE, LOUISE 1721 RAINBOW DRIVE CLEARWATER, FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: J. MARCUS VERNON, PRES/DIR 4/24/04 727-447-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #