2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005637

FILED Apr 18, 2006 Secretary of State

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

Current Principal Place of Business:		New Principal Place of Business:		
109 S OR	ND MANAGEM ANGE AVE), FL 32809	ENT		
urrent M	ailing Addres	s:	New Mailing Address	s:
09 S OR	ND MANAGEM ANGE AVE D, FL 32809	ENT		
I Number:	51-0481310	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
-1 //				
009 S OR RLANDO ne above		US	ourpose of changing its registere	d office or registered agent, or both,
009 S OR RLANDO ne above the State	ANGE AVE D, FL 32809 named entity set of Florida.	US	ourpose of changing its registere	d office or registered agent, or both,
009 S OR RLANDO ne above	ANGE AVE D, FL 32809 named entity so of Florida. RE:	US		d office or registered agent, or both, Date
009 S OR RLANDC ne above the State GNATUF	ANGE AVE D, FL 32809 named entity so of Florida. RE:	US submits this statement for the particle is signature of Registered Agree 100 and 100 are 10	ent	
009 S OR RLANDC ne above the State GNATUF	ANGE AVE 0, FL 32809 named entity set of Florida. RE: Electron S AND DIRECT	US submits this statement for the particle Signature of Registered Agronal TORS: Delete NTHA NNE	ent	Date
ne above the State GNATUF FFICERS le: me: dress:	ANGE AVE 0, FL 32809 named entity see of Florida. RE: Electron S AND DIRECT P () SHORR, SAMAI 8767 ABBEY LA	ic Signature of Registered Agrores: Delete NTHA NE 771 Delete NK DR	ent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: SAMANTHA SHORR P 04/18/2006