
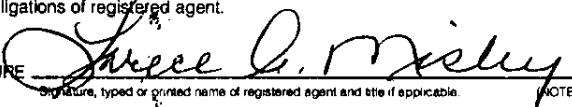
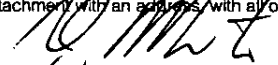


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90007 045 ****61.25

DOCUMENT # N04000001442			
1. Entity Name NORTH SEMINOLE BUSINESS CENTER PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 854 WOODBARK COVE SANFORD, FL 32771		Mailing Address 854 WOODBARK COVE SANFORD, FL 32771	
2. Principal Place of Business - No P.O. Box # % L. A. Real Estate Inc.		3. Mailing Address 7523 Aloma Ave.	
Suite, Apt. #, etc. 7523 Aloma Ave Suite 101		Suite, Apt. #, etc. Suite 101	
City & State Winter Park, FL		City & State Winter Park, FL	
Zip 32792	Country Orange	Zip 32792	Country Orange
6. Name and Address of Current Registered Agent MCINTOSH, HARRY K JR 854 WOODBARK COVE SANFORD, FL 32771		7. Name and Address of New Registered Agent Name L. A. Real Estate Inc., Lorece A. Misley Street Address (P.O. Box Number is Not Acceptable) 7523 Aloma Ave. Ste 101 City Winter Park FL Zip Code 32792	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVPD HERBULIS, ROBERT V 1716 FOUNTAINHEAD DR LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCINTOSH, HARRY K JR 854 WOODBARK COVE SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/21/07 85-740-9774 Daytime Phone #	

60027080



01222007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-1685791 Applied For Not Applicable

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