

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 # 3. Mailing Address
% L. A. Real Estate Inc. 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

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

6. Name and Address of Current Registered Agent

MCINTOSH, HARRY K JR
854 WOODBARK COVE
SANFORD, FL 32771

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
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

Lorece A. Misley

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. \$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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MCINTOSH, HARRY K JR
854 WOODBARK COVE
SANFORD, FL 32771

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

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 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:

HARRY MCINTOSH

z/2/07 85-740-9774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #