2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jun 09, 2006 8:00 am
Secretary of State
05-01-2006 90455 016 ****61.25

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1. Entity Name
SEMINOLE PALMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
600 W HILLSBORO BLVD, STE 101 DEERFIELD BEACH, FL 33441	600 W HILLSBORO BLVD, STE 101 DEERFIELD BEACH, FL 33441

2. Principal Place of Business	3. Mailing Address
3461-B Fairlane Farms Rd	3461-B Fairlane Farms Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington FL	City & State: Wellington FL
Zip: 33414 Country: USA	Zip: 33414 Country: USA

4. FEI Number: 20-1975607 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, SCOTT F
600 W HILLSBORO BLVD, STE 101
DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

Name: John Newsome
Street Address (P.O. Box Number is Not Acceptable): 3461-B Fairlane Farms Rd
City: Wellington FL Zip Code: 33414

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, type/or printed name of registered agent and title if applicable.

Filing Fee is $61.25
Due by May 1, 2006

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 SMITH, SCOTT F 600 W HILLSBORO BLVD, STE 101 DEERFIELD BEACH, FL 33441	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Edwin Melendez 442 Seminole Palms Dr Greenacres, FL 33463	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTD HILLS, JAMES R 600 W HILLSBORO BLVD, STE 101 DEERFIELD BEACH, FL 33441	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer John McKay 2202 Seminole Palms Dr Greenacres, FL 33463	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD EHRLICH, MICHAEL E 600 W HILLSBORO BLVD, STE 101 DEERFIELD BEACH, FL 33441	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Allen Borza 804 Seminole Palms Dr Greenacres, FL 33463	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Sharlene Burke 2612 Seminole Palms Dr Greenacres, FL 33463	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Rick Kerkoff 1002 Seminole Palms Dr Greenacres, FL 33463	☐ 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: _____ President 2/23/06 561-795-9767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #