## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N04000001493

Oct 17, 2006
Secretary of State

Entity Name: SEMINOLE PALMS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3461 B FAIRLANE RD

DEERFIELD BEACH, FL 33441

3461-B FAIRLANE FARMS RD

WELLINGTON, FL 33414

Current Mailing Address: New Mailing Address:

3461 B FAIRLANE RD
DEERFIELD BEACH, FL 33441

3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

FEI Number: 20-1975607 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEWSOME, JOHN
3461 B FAIRLANE FARMS RD
3461-B FAIRLANE FARMS RD
3461-B FAIRLANE FARMS RD

WEST PALM BEACH, FL 33414 US WELLINGTON, FL 33414 US

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.

SIGNATURE: JOHN NEWSOME 10/17/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 MELENDEZ, EDWIN
 Name:
 MELENDEZ, EDWIN

 Address:
 412 SEMINOLE PALMS DR
 Address:
 412 SEMINOLE PALMS DR

Address: 412 SEMINOLE PALMS DR Address: 412 SEMINOLE PALMS DR City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: GREENACRES, FL 33463

Title: T () Delete Title: T (X) Change () Addition

Name: MCKWY, JOHN Name: MCKAY, JOHN
Address: 2202 SEMINOLE PALMS DR Address: 2202 SEMINOLE PALMS DR

Address: 2202 SEMINOLE PALMS DR Address: 2202 SEMINOLE PALMS DR City-St-Zip: LAKE WORTH, FL 33462 City-St-Zip: GREENACRES, FL 33463

 $\label{eq:title:title:VP} \mbox{Title:} \mbox{ VP } \mbox{() Delete} \mbox{ Title: VP } \mbox{(X) Change () Addition}$ 

Name:BARZA, ALLENName:BORZA, ALLENAddress:2612 SEMINOLE PALMS DRAddress:804 SEMINOLE PALMS DR

Address: 2612 SEMINOLE PALMS DR Address: 804 SEMINOLE PALMS DR City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: GREENACRES, FL 33463

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf ()} \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X)} \ {\sf Change} \ {\sf ()} \ {\sf Addition}$ 

 Name:
 BURKE, SHARLENE
 Name:
 BURKE, SHARLENE

 Address:
 2612 SEMINOLE PALMS DR
 Address:
 2612 SEMINOLE PALMS DR

 City-St-Zip:
 LAKE WORTH, FL 33463
 City-St-Zip:
 GREENACRES, FL 33463

Title: D () Delete Title: D (X) Change () Addition

Name: KARKOFF, RICK Name: KERKOFF, RICK

Address: 1002 SEMINOLE PALMS DR Address: 1002 SEMINOLE PALMS DR
City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: GREENACRES, FL 33463

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: JAN BAKER MGR 10/17/2006

Electronic Signature of Signing Officer or Director

Date