2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N04000001493

Entity Name: SEMINOLE PALMS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

New Mailing Address:

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

Name and Address of Current Registered Agent:

NEWSOME, JOHN
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: MELENDEZ, EDWIN
Address: 412 SEMINOLE PALMS DR
City-St-Zip: GREENACRES, FL 33463

Title: P ( ) Delete
Name: BORZA, ALLEN
Address: 804 SEMINOLE PALMS DR
City-St-Zip: GREENACRES, FL 33463

Title: ST ( ) Delete
Name: BURKE, SHARLENE
Address: 2612 SEMINOLE PALMS DR
City-St-Zip: GREENACRES, FL 33463

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: HARGROVE, LISA
Address: 310 S. FEDERAL HWY
City-St-Zip: BOYNTON BCH, FL 33435

Title: DIR (X) Change ( ) Addition
Name: BORZA, ALLEN
Address: 804 SEMINOLE PALMS DR
City-St-Zip: GREENACRES, FL 33463

Title: VP (X) Change ( ) Addition
Name: MATZ, TED
Address: 2406 SEMINOLE PALMS DR
City-St-Zip: GREENACRES, FL 33463

Title: SEC ( ) Change (X) Addition
Name: FALCO, ANTHONY
Address: 1120 NEW PORT U
City-St-Zip: DEERFIELD BCH, FL 33442 US

Title: TREA ( ) Change (X) Addition
Name: JEAN, STERLING
Address: 1608 SEMINOLE PALMS DR
City-St-Zip: GREENACRES, FL 33463 US

I hereby certify that the information supplied with this filing does not qualify 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: LISA HARGROVE PRES 02/06/2009

Electronic Signature of Signing Officer or Director — Date