## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 8:00 am Secretary of State

ANNOAL KLI OK I					Secretary of State				
DOCUMENT # N05028  1. Entity Name THE SEMINOLE CLUB OF GREATER ORLANDO, INC.						05-01-2006	90346 01		
Principal Place of Business P.O. BOX 1943 ORLANDO, FL 32802		Mailing Address P. O. BOX 1943 ORLANDO, FL 32802	US			10/3019 10/10/10/10/10/10/10/10/10/10/10/10/10/1		<b>.</b>	litt ol loti
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262006	Chg-NP	CR2E03	7 (11/05)	-	
City & State		City & State			4. FEI Number Applied For 59-2509335 Not Applicable				
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		8.75 Add ee Required	
	6Name and Address of Current	Registered Agent	- "I		7. Name and	Address of New F	Registered A	gent	
STALCUP 7508 QUA ORLANDO	, JOANN				Mchard OTT ddress (P.O. Box Number is Not Acceptable)				
	<sub>).</sub>	City			Bonita Pr.  Park FL Zip Code 32789				
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  Sprature 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, 2006  9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees	, ,	Make check rida Depart		
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHA	NGES TO OFFICE	ERS AND DIF	ECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD -> wow 'D' CHMELIR, ANDREW 4550 EDEN PARK CIR ORLANDO, FL 32810	☐ Delete	TITLE NAME STREET ADDR		Same			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL, BILL 4811 BERRYWOOD DRIVE ORLANDO, FL 32812	Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	1 73	hard out s Bonita ?	or. Park, FL	3>789	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAIDT, DANIEL 200 RIVERVIEW DR LONGWOOD, FL 32779	Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	RESS 3313	e Stutze 3 olde W	-		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STALCUP, JO ANN 7508 QUAIL RUN CT ORLANDO, FL 32819	□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	RESS				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLICK, MARK 308 E GENEVA OCOEE, FL 34761	☐ Delete	TITLE NAME STREET ADDR					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDR					Change	☐ Addition
12. I hereby	certify that the information supplied with	this filing does not qualify for the	ne exemptio	ns contained	in Chapter 119.	Florida Statutes.	I further certi	fy that the in	formation

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 trusteet impowered 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 an other life empowered.

GNATURE:

4/27/06 (407) 623 - 5670

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 623-5670