

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002746

FILED  
Feb 24, 2011  
Secretary of State

**Entity Name:** SANFORD SEMINOLE ART ASSOCIATION, INC.

**Current Principal Place of Business:**

121 EDGEWATER CIRCLE  
SANFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

121 EDGEWATER CIRCLE  
SANFORD, FL 32773

**New Mailing Address:**

P.O. BOX 2918  
SANFORD, FL 32772

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CRAMER, CHARLES W  
1411 EDGEWATER DR  
SUITE 200  
ORLANDO, FL 32804 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: TREA  
Name: COLLINS, GAIL  
Address: 121 EDGWATER CIRCLE  
City-St-Zip: SANFORD, FL 32773

Title: PRES  
Name: BUTLER, SHARON  
Address: 122 CLUB RD  
City-St-Zip: SANFORD, FL 32771

Title: VPRE  
Name: KRETTLER, PAULINE  
Address: 50 WENTWOOD DR.  
City-St-Zip: DEBARY, FL 32713

Title: SEC  
Name: STEVENS, DEE LEE  
Address: 523 W.PLANTATION BLVD.  
City-St-Zip: LAKE MARY, FL 32746

I hereby 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 all other like empowered.

**SIGNATURE:** GAIL COLLINS

TREA

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date