

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009806

FILED  
Feb 16, 2009  
Secretary of State

**Entity Name:** NORTH SEMINOLE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

782 MONROE RD  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

7523 ALOMA AVE STE 101  
WINTER PARK, FL 32792

**New Mailing Address:**

**FEI Number:** 20-5509000

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

L.A. REAL ESTATE INC.  
C/O LORECE A MISLEY  
7523 ALOMA AVE, STE 101  
WINTER PARK, FL 32792 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: DP ( ) Delete  
Name: SMITH, BRIAN  
Address: 782 MONROE RD  
City-St-Zip: SANFORD, FL 32771

Title: DV ( ) Delete  
Name: HERBULIS, ROBERT V  
Address: 790 MONROE RD  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LORECE A. MISLEY

AGEN

02/16/2009

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

\_\_\_\_\_  
Date