

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 28, 2008 8:00 am**  
**Secretary of State**

08-28-2008 90002 013 \*\*\*\*61.25

<b>DOCUMENT # N06000012365</b>					
<b>1. Entity Name</b> SEMINOLE SPRINGS ELEMENTARY SCHOOL PTO, INC.					
<b>Principal Place of Business</b> 26200 WEST HUFF ROAD EUSTIS, FL 32736			<b>Mailing Address</b> 26200 WEST HUFF ROAD EUSTIS, FL 32736		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 51-0612735	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BOYD, ADRIAN 26200 WEST HUFF ROAD EUSTIS, FL 32736			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE <i>Adrian Boyd</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>8/25/08</i> <small>(NOTE: Registered Agent signature required when re-registering)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAJEUNESSE, CINDY 34632 LA PLACE COURT EUSTIS, FL 32736		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HRYTZAY, DEBRA 24902 DERBY DRIVE SORRENTO, FL 32776		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JUDY ZELLER 33327 TERRAGONA DR SORRENTO, FL 32776	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CREWS, RITA 25200 DERBY DRIVE SORRENTO, FL 32776		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATRICIA PURDHAM 35120 NASHUA BLVD SORRENTO, FL 32776	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOPPER, SUSAN 24838 DERBY DRIVE SORRENTO, FL 32776		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLY SANCHEZ 26140 CR 44A EUSTIS, FL 32736	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LABRAGA, DEBBIE 30852 QUINCE AVE EUSTIS, FL 32736		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEPHANIE KLEIN 36016 PEACOCK COVE RD. EUSTIS, FL 32736	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINSON, JACKIE 32835 WINDY OAK STREET SORRENTO, FL 32776		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
SIGNATURE: <i>C. Lajeunesse</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <i>8/25/08</i> <small>Date</small>		
DAYTIME PHONE #					