

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06432

1. Entity Name

SEM CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O KENNETH P BRACHER
1419 SW 53RD TERR.
CAPE CORAL FL 33914

C/O KENNETH P BRACHER
1419 SW 53RD TERR.
CAPE CORAL FL 33914

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2615114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRACHER, KENNETH P
1419 SW 53RD TERR.
CAPE CORAL FL 33914

Name Bracher Kenneth P
Street Address (P.O. Box Number is Not Acceptable)
1419 SW 53RD TERR
City Cape Coral FL Zip Code 33914

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRACHER, KENNETH P	
STREET ADDRESS	1419 SW 53RD TERR.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BRACHER, PATRICIA J	
STREET ADDRESS	1419 SW 53RD TERR.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRACHER, BRIAN P	
STREET ADDRESS	1419 SW 53RD TERR.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90134 030 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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