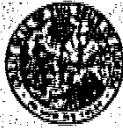


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 20 PM 2:14

DOCUMENT # N07899 (0)

1. Corporation Name

**SEMINOLE COVE CONDOMINIUMS OWNERS ASSOCIATION, I
NC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**C/O ADVANTAGE PROPERTY MANAGEMENT
POST OFFICE BOX 65
JENSEN BEACH FL 34958
US**

**C/O ADVANTAGE PROPERTY MANAGEMENT
POST OFFICE BOX 65
JENSEN BEACH FL 34958
US**

3. Date Incorporated or Qualified

02/28/1985

3a. Date of Last Report

07/14/1994

4. FEI Number

65-0034031

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORTE, LORRAINE
1274 NE BUSINESS PARK PLACE
JENSEN BEACH FL 34957**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE D
NAME WILLIAMSON, JACK H.
STREET ADDRESS 3003 SW 28TH ST.
CITY-ST-ZIP OKEECHOBEE FL**

**1.1 TITLE V
1.2 NAME NOELL L. PRIDGEON
1.3 STREET ADDRESS 1536 SW 35th Circle
1.4 CITY-ST-ZIP Okeechobee, FL 34974**

**TITLE D
NAME HUMES, EDWARD
STREET ADDRESS 1736 SW 35TH CIRCLE
CITY-ST-ZIP OKEECHOBEE FL**

**2.1 TITLE T
2.2 NAME RUTH B. WOODS
2.3 STREET ADDRESS 1524 SW 35th Circle
2.4 CITY-ST-ZIP Okeechobee, FL 34974**

**TITLE DP
NAME BERGEZ, ALBERT I.
STREET ADDRESS 1540 SW 35TH CIRCLE
CITY-ST-ZIP OKEECHOBEE FL**

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**4.1 TITLE S
4.2 NAME Della Mae Andrews
4.3 STREET ADDRESS 1751 SW 35th Circle
4.4 CITY-ST-ZIP Okeechobee, FL 34974**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**5.1 TITLE D
5.2 NAME KIP GARDNER
5.3 STREET ADDRESS 1354 SW 35th Circle
5.4 CITY-ST-ZIP Okeechobee, FL 34974**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**6.1 TITLE D
6.2 NAME Russ T. Martin
6.3 STREET ADDRESS 1699 SW 35th Circle
6.4 CITY-ST-ZIP Okeechobee, FL 34974**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth B. Woods, Treas. Ruth B. Woods

3-13-95

813-467-8919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone