

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N07899 (0)
1. Corporation Name
SEMINOLE COVE CONDOMINIUM ASSOCIATION, INC.



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| Principal Place of Business 1799 SOUTH WEST 35TH CIRCLE OKEECHOBEE FL 34974 US | Mailing Address 1799 SOUTH WEST 35TH CIRCLE OKEECHOBEE FL 34974-6083 US |
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| 3. Date Incorporated or Qualified 02/28/1985 | 3a. Date of Last Report 04/03/1996 |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 4. FEI Number 65-0034031 | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent FORTE, LORRAINE 1274 NE BUSINESS PARK PLACE JENSEN BEACH FL 34957 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 | PD PRIDGEON, NVELL 1536 SW 35TH CIRCLE OKEECHOBEE FL | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VD HIGHLEY, JAMES 1573 SW 35TH CIRCLE OKEECHOBEE FL | 1.2 NAME | PRIDGEON, NOELL |
| STREET ADDRESS | SD SIEHL, GEORGE D 1654 SW 25TH CIRCLE OKEECHOBEE FL | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TD WOODS, RUTH B 1524 S.W. 35TH CIRCLE OKEECHOBEE FL 34974 | 1.4 CITY-ST-ZIP | |
| | D GARDNER, KIP 1554 SW 35TH CIRCLE OKEECHOBEE FL | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | D MARTIN, RUSSELL 1669 SW 35TH CIRCLE OKEECHOBEE FL | 2.2 NAME | |
| | | 2.3 STREET ADDRESS | |
| | | 2.4 CITY-ST-ZIP | |
| | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 4.2 NAME | |
| | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| | | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | 5.2 NAME | Guydos, George |
| | | 5.3 STREET ADDRESS | 1550 SW 35th Circle |
| | | 5.4 CITY-ST-ZIP | OKEECHOBEE, FL 34974 |
| | | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | 6.2 NAME | Metcalf, George |
| | | 6.3 STREET ADDRESS | 1753 SW 35th Circle |
| | | 6.4 CITY-ST-ZIP | OKEECHOBEE, FL 34974 |

14. I do 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 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: 

CR2E037 (9/96)