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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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.

Principal Place of Business 1789 SOUTH WEST 35TH CIRCLE OKEECHOBEE FL 34974 US	Mailing Address 1789 SOUTH WEST 35TH CIRCLE OKEECHOBEE FL 34974 US
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3. Date Incorporated or Qualified 02/28/1985	4. FEI Number 65-0034031	Applied For <input type="checkbox"/> Not Applicable
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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	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 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PRIDGEON NOELL 1536 SW 35TH CIRCLE OKEECHOBEE FL	1.1 TITLE	PD WENSEL, LUIAN 1707 SW 35th Circle Okeechobee, FL 34974
NAME	VD HIGHLEY, JAMES 1573 SW 35TH CIRCLE OKEECHOBEE FL	1.2 NAME	VPD STEVENS, J.R. 1686 SW 35th Circle Okeechobee, FL 34974
STREET ADDRESS	SD SEHL, GEORGE D 1654 SW 25TH CIRCLE OKEECHOBEE FL	1.3 STREET ADDRESS	SD SEARCY, Stephen 1602 SW 35th Circle Okeechobee, FL 34974
CITY-ST-ZIP	TD WOODS, RUTH B 1524 S.W. 35TH CIRCLE OKEECHOBEE FL 34974	1.4 CITY-ST-ZIP	
	D GUYDOSH GEORGE 1550 SW 35TH CIR OKEECHOBEE FL	2.1 TITLE	
	D METCALF GEORGE 1753 SW 35TH CIR OKEECHOBEE FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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 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* 3-25-98

CR2E037 (10/97)