

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90072 008 ****61.25

DOCUMENT # N07899

1. Corporation Name

SEMINOLE COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1799 SOUTH WEST 35TH CIRCLE
OKEECHOBEE FL 34974
US

Mailing Address

1799 SOUTH WEST 35TH CIRCLE
OKEECHOBEE FL 34974
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/28/1985

4. FEI Number

65-0034031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
HENSEL, VIVIAN
1707 SW 35TH CIRCLE
OKEECHOBEE FL 34974

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
STEVENS, J.R.
1686 SW 35TH CIRCLE
OKEECHOBEE FL 34674

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
SEARCY, STEPHEN
1602 SW 35TH CIRCLE
OKEECHOBEE FL 34974

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
WOODS, RUTH B
1524 S.W. 35TH CIRCLE
OKEECHOBEE FL 34974

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GUYDOSH GEORGE
1550 SW 35TH CIR
OKEECHOBEE FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
METCALF GEORGE
1753 SW 35TH CIR.
OKEECHOBEE FL

☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TD

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

PD
John W. Smalley
1585 SW. 35th Cir
Okeechobee, FL 34974

☐ Change

☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D
Norma Davis
1738 SW 35th Cir.
Okeechobee, FL 34974

☐ Change

☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D
David Hensel
1707 SW 35th Cir.
Okeechobee, FL 34974

☐ Change

☒ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-99 941-467-1196

0074873

CR2F037 (11/98)