


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90471 004 \*\*\*\*61.25

<b>DOCUMENT # N07899</b> 1. Entity Name <b>SEMINOLE COVE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>504 NW 5TH AVENUE OKEECHOBEE, FL 34972 US</b>			Mailing Address <b>504 NW 5TH AVENUE OKEECHOBEE, FL 34972 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0034031</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SMALLEY, JOHN 504 NW 5TH AVENUE OKEECHOBEE, FL 34972</b>				7. Name and Address of New Registered Agent Name <b>Don Gutermuth</b> Street Address (P.O. Box Number is Not Acceptable) <b>504 NW 5th Avenue</b> City <b>Okeechobee</b> FL Zip Code <b>34972</b>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Don Gutermuth</i> DATE: <b>4/23/04</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEARCY, DIANE 1602 SW 35TH CIRCLE OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GUTERMUTH, DON 1723 SW 35TH CIRCLE OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Don Gutermuth 1562 SW 35th Circle Okeechobee, FL 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METCALF, GEORGE 1523 SW 35TH CIRCLE OKEECHOBEE, FL 34974	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steve Searcy 1602 SW 35th Circle Okeechobee, FL 34974 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMALLEY, JOHN 1585 SW. 35TH CIR OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Smalley 1585 SW 35th Circle Okeechobee, FL 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADLEY, VIRGINIA 1635 SW 35TH CIRCLE OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENSEL, DAVID 1707 SW 35TH CIR OKEECHOBEE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Vivian Hensel 1707 SW 35th Circle Okeechobee, FL 34974 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <i>Vivian Hensel</i> <i>April 23, 04</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

54041697



04232004 Chg-NP CR2E037 (10/03)

ADDITIONS TO OFFICERS AND DIRECTORS

Attachment - NO 789

Title: V  
Name: Bill Lundy  
Street Address: 1622 SW 35th Circle  
City-St-Zip: Okeechobee, FL 34974

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Title: D  
Name: Dolores Anchors  
Street Address: 1552 SW 35th Circle  
City-St-Zip: Okeechobee, FL 34974

Title: D  
Name: Paul Fred  
Street Address: 1742 SW 35th Circle  
City-St-Zip: Okeechobee, FL 34974