2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2005 8:00 am Secretary of State

DOCUMENT # N07899 1. Entity Name SEMINOLE COVE CONDOMINIUM ASSOCIATION, INC.						03-18-2	005 900	070 015 **		
Principal Place of Business 504 NW 5TH AVENUE 0KEECHOBEE, FL 34972 US Malling Address 504 NW 5TH AVENUE 0KEECHOBEE, FL 34972 US					1 1980		114 0 (19 41 0 1011		U27636	
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				1 10 111 111 111 1				6.61))61 21 661
		30116, Apr. #, 610,				03072005	Chg-NP	CF	R2E037 (10/	03)
City & State		City & State				4. FEI Numbe 65-0034			-	Applied For Not Applicable
Ζίρ	Country	Zip	Cou	untry	İ	5. Certificate	of Status Desi	red [\$8.75	Additional
	6. Name and Address of Current	Registered Agent ———				-7Name and	Address of N	lew Regist	<u> </u>	<u> </u>
GUTERMU	JTH, DON			Name F	red,	Paul				
GUTERMUTH, DON 504 NW 5TH AVENUE OKEECHOBEE. FL 34972				Street Ad 5	dress (F	V.O. Box Numbe W 5th Av	r is Not Accer enue	otable)		
OKELONG	7BCC, 7 C 34372			-						
				City)keec	hobeee			FL Zip	Code 34972
	named entity submits this statement for	or the purpose of changing	its register				h, in the State	of Florida.		
SIGNATURE .	PAULC, FRE		OTE: Registere	id Agent signatur	re required y	Stuffen rejostating)	3	. 14 .	9 5	
									DATE	
	Filing Fee Is \$61.25 Due by May 1, 2005	9. Election C	ampaign F			\$5.00 May Be Added to Fees	в .		check payal Department	
10.	Due by May 1, 2005 OFFICERS AND DI	Trust Fund	d Contribut	ion. [\$5.00 May Be		Florida I	Department	of State
10. TITLE NAME	OFFICERS AND DI	Trust Fund	d Contribut	ion. [UP A	\$5.00 May Bo Added to Fees DDITIONS/CHA	NGES TO OF	Florida I	Department	of State
TITLE NAME STREET ADDRESS	OFFICERS AND DI S SEARCY, DIANE 1602 SW 35TH CIRCLE	Trust Fund	11.	E E EET ADDRESS		\$5.00 May Bo Added to Fees DDITIONS/CH/	ANGES TO OF	FICERS A	Department ND DIRECTOR	of State
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI S SEARCY, DIANE 1602 SW 35TH CIRCLE OKEECHOBEE, FL 34974	RECTORS	11. IIIL NAM STRE	E EET ADDRESS /	ロ トルい く く く く く く く く く く く く く く く く く く く	\$5.00 May Bo	ANGES TO OF	FICERS A	Department ND DIRECTOR Cha	of State RS IN 10 nge 🔀 Addition
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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.

CNATIEF:

The 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 or director or the receiver or trustee empowered to execute a sequired 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.

CNATIEF:

SIGNATURE: PAUL C. FRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR