

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-18-2005 90070 015 \*\*\*\*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>
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00027636



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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03072005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0034031</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>GUTERMUTH, DON 504 NW 5TH AVENUE OKEECHOBEE, FL 34972</b>	
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7. Name and Address of New Registered Agent Name <b>Fred, Paul</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>	
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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 <b>PAUL C. FRED</b> Signature, typed or printed name of registered agent and title if applicable.	<b>DATE</b> <b>3.14.05</b> (NOTE: Registered Agent signature required when reinstating)
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<b>Filing Fee is \$61.25 Due by May 1, 2005</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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SEARCY, DIANE 1602 SW 35TH CIRCLE OKEECHOBEE, FL 34974</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LAUNDY, BILL 1622 SW 35TH CIRCLE OKEECHOBEE, FL 34974</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GUTERMUTH, DON 1562 SW 35TH CIRCLE OKEECHOBEE, FL 34974</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Fred, Paul 1742 SW 35th Circle Okeechobee, FL 34974</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SEARCY, STEVE 1602 SW 35TH CIRCLE OKEECHOBEE, FL 34974</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SEARCY, STEVE 1602 SW 35TH CIRCLE OKEECHOBEE, FL 34974</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMALLEY, JOHN 1585 SW. 35TH CIR OKEECHOBEE, FL 34974</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SMALLEY, JOHN 1585 SW 35TH CIRCLE OKEECHOBEE, FL 34974</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HADLEY, VIRGINIA 1635 SW 35TH CIRCLE OKEECHOBEE, FL 34974</b> <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	<b>T HENSEL, VIVIAN 1707 SW 35TH CIR OKEECHOBEE, FL 34974</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.

<b>SIGNATURE: PAUL C. FRED</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>DATE</b> <b>3/14/05</b> Daytime Phone #
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