2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 8:00 am Secretary of State

DOCUMENT # N07899 1. Entity Name SEMINOLE COVE CONDOMINIUM ASSOCIATION, INC.					03-20-2006 90008 041 ****61.25				
Principal Place of Business 504 NW 5TH AVENUE OKEECHOBEE, FL 34972 US		Mailing Address 504 NW 5TH AVENUE OKEECHOBEE, FL 34972 US		:		::::::::::::::::::::::::::::::::::::::	8181 1 81811 81811	- 1818 - 1815 - 1818	31601 DI 140 2 1
2. Principal P	face of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03152006	Chg-NP	CR2E03	7 (11/05)	
City & State		City & State			4. FEI Number 65-0034	031			oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Re	egistered A	gent	
FRED, PAUL 504 NW 5TH AVENUE OKEECHOBEE, FL 34972 :				Name Paul Fred Street Address (P.O. Box Number is Not Acceptable)					
			City	1742 SW 35th Circle					
				Okeechobee FL 営場っょ					
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE									
Filing Fee Is \$61.25 9. Election Campaign Financing Due by May 1, 2006 Trust Fund Contribution.					5.00 May Be	I	ake check da Depart		
40							<u> </u>		
10. TITLE	OFFICERS AND DI	Delete	11.	VP.		IGES TO OFFICER		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SEARCY, DIANE 1602 SW 35TH CIRCLE OKEECHOBEE, FL 34974		STREET ADDRESS	Ed (1729 Okes	3 SW 3	5th Circle ce, FL 3L	e +974		,.
TITLE NAME	VP LUNDY, BILL	Delete	TITLE	<u> </u>		S Circle		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	1622 SW 35TH CIRCLE OKEECHOBEE, FL 34974		STREET ADDRESS CITY-ST-ZIP	Okec	schobee	FL 349	74		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRED, PAUL 1742 SW 35TH CIRCLE OKEECHOBEE, FL 34974	☐ Delete	NAME STREET ADDRESS			an moircle e, Flau		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALLEY, JOHN 1585 SW. 35TH CIR OKEECHOBEE, FL 34974	☐ Delete	TITLE NAME STREET ADDRESS	0 Bonn 1732	iie Hemi SW 35t	<u> </u>		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADLEY, VIRGINIA 1635 SW 35TH CIRCLE OKEECHOBEE, FL 34974	∑ Delate	TITLE NAME STREET ADDRESS	D Virair I u33	nia Har Sw 35 ^t	٠		Спапде	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENSEL, VIVIAN 1707 SW 35TH CIR OKEECHOBEE, FL 34974	☐ Defate	TITLE NAME STREET ADDRESS CITY-SI-ZIP					☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-06. 863-467-1196