



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90005 049 \*\*\*\*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 - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		03142007    Chg-NP    CR2E037 (12/06)	
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>	
<b>6. Name and Address of Current Registered Agent</b>  <b>FRED, PAUL 1742 SW 35TH CIR OKEECHOBEE, FL 34974</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SEARCY, DIANE</b> <b>1602 SW 35TH CIRCLE</b> <b>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>D</b> <b>MYERS, JIM</b> <b>1556 SW 35TH CIR</b> <b>OKEECHOBEE, FL 34974</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Holman, Mary</b> <b>1512 SW 35th Circle</b> <b>OKEECHOBEE, FL 34974</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FRED, PAUL</b> <b>1742 SW 35TH CIRCLE</b> <b>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>D</b> <b>SMALLEY, JOHN</b> <b>1585 SW. 35TH CIR</b> <b>OKEECHOBEE, FL 34974</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Heming, Bonnie</b> <b>1732 SW 35th Circle</b> <b>OKEECHOBEE, FL 34974</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HADLEY, VIRGINIA</b> <b>1635 SW 35TH CIR</b> <b>OKEECHOBEE, FL 34974</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Sims, Jerry</b> <b>1511 SW 35th Circle</b> <b>OKEECHOBEE, FL 34974</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HENSEL, VIVIAN</b> <b>1707 SW 35TH CIR</b> <b>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 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.					
<b>SIGNATURE:</b> <i>Vivian Hensel</i>				<b>3-23-07.</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date      Daytime Phone #</small>	

863-467-1196.