2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07899

FILED Mar 30, 2012 Secretary of State

Entity Name: SEMINOLE COVE CONDOMINIUM ASSOCIATION, INC.

New Principal Place of Business: Current Principal Place of Business:

504 NW 5TH AVENUE

OKEECHOBEE, FL 34972 US

Current Mailing Address: New Mailing Address:

504 NW 5TH AVENUE

OKEECHOBEE, FL 34972 US

FEI Number: 65-0034031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MUELLER, KAY SACHLEBEN, BETTY 1515 SW 35TH CIRCLE 1593 SW 35TH CIRCLE

OKEECHOBEE, FL 34974 OKEECHOBEE, FL 34974 US US

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.

SIGNATURE: BETTY SACHLEBEN 03/30/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

SMALLEY, JOHN Name: Address: 1585 SW 35TH CIRCLE City-St-Zip: OKEECHOBEE, FL 34974

Title:

Name: DAVIS, JIM

Address: 1601 SW 35TH CIRCLE City-St-Zip: OKEECHOBEE, FL 34974

Title:

SACHLEBEN, BETTY Name: Address: 1593 SW 35TH CIRCLE City-St-Zip: OKEECHOBEE, FL 34974

Title:

Name: MITCHELL, RALPH Address: 1516 SW 35TH CIRCLE City-St-Zip: OKEECHOBEE, FL 34974

Title:

BANGERT, HOWARD Name: 1588 SW 35TH CIRCLE Address: OKEECHOBEE, FL 34974 City-St-Zip:

Title:

CLARK, WALTER Name: Address: 1706 SW 35TH CIRCLE OKEECHOBEE, FL 34974 City-St-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RALPH MITCHELL T 03/30/2012