

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001265

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** CONCERNED CITIZENS OF SEMINOLE GARDENS, INC.

**Current Principal Place of Business:**

8584-111TH ST. N.  
110  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

8584-111TH ST. N.  
110  
SEMINOLE, FL 33772

**New Mailing Address:**

**FEI Number:** 26-1856724

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLMES, CLIVE  
8584-111TH ST. N  
110  
SEMINOLE, FL 33772 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CHM  
**Name:** HOLMES, CLIVE  
**Address:** 8584-111TH ST. N. #110  
**City-St-Zip:** SEMINOLE, FL 33772 US

**Title:** V.C  
**Name:** BRANDT, CHARLES  
**Address:** 11100-86TH AVE N #308  
**City-St-Zip:** SEMINOLE, FL 33772 US

**Title:** TREA  
**Name:** PARKINSON, THERESA  
**Address:** 8305-111TH ST. N #103  
**City-St-Zip:** SEMINOLE, FL 33772 US

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:** CLIVE HOLMES

CHM

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date