



**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM --
Secretary of State

DOCUMENT # N09996 1. Entity Name LAKE SEMINOLE VILLAS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 255 COREY AVE ST PETE BEACH, FL 33706	Mailing Address P.O. BOX 67128 ST PETE BEACH, FL 33736
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DO NOT WRITE IN THIS SPACE



03242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2650870	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KLINGEL, JOSEPH W
255 COREY AVE
ST PETE BEACH, FL 33706**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000104131 04/05/04-00005-017-01.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SKIPPER, PAUL J. 255 COREY AVENUE SAINT PETERSBURG, FL 33706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	LTD KLINGEL, JOSEPH W. 255 COREY AVENUE SAINT PETERSBURG, FL 33706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ST. CLAIR, JOYCE A. 255 COREY AVENUE SAINT PETERSBURG, FL 33706
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IN THIS SPACE**

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 life empowered.

SIGNATURE:  **Joseph W. Klingel** **April 1, 2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #