


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N26192 1. Entity Name SEMORAN COMMERCENTER ASSOCIATION, INC.	
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Principal Place of Business 1266 FURNACE BROOK PKWY QUINCY, MA 02169	Mailing Address 1266 FURNACE BROOK PKWY QUINCY, MA 02169
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DO NOT WRITE IN THIS SPACE



03032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0185389	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RINKA, PATRICK K 215 N. EOLA DRIVE ORLANDO, FL 32801	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DICKINSON, MARK G 1266 FURNACE PKWY QUINCY, MA 02169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHAW, EDWARD W 1266 FURNACE BROOK PKWY QUINCY, MA 02169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BJORK, MARGARET T 1266 FURNACE BROOK PKWY QUINCY, MA 02169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOC, JOHN F 1266 FURNACE BROOK PKWY QUINCY, MA 02169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DICKINSON, MICHELE 1266 FURNACE BROOK PKWY QUINCY, MA 02169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/25/05-80083-012 61.25

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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 like empowered

SIGNATURE: Margaret T Bjork 4/26/05 0017-710-1956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #