

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90035 050 ****61.25

DOCUMENT # N34001

1. Entity Name
SEMINOLE PARK SOCIAL CLUB, INCORPORATED



Principal Place of Business
**10 ROADS END DRIVE
HOLLYWOOD, FL 33021 US**

Mailing Address
**10 ROADS END DRIVE
HOLLYWOOD, FL 33021 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312007 Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0175094

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGINALD SOUMIS
10 ROADS END DRIVE
HOLLYWOOD, FL 33021**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **FORTIN, ROLAND**
STREET ADDRESS **2 BIG OAK**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **SD** ☐ Delete
NAME **SIMARD, JOHN**
STREET ADDRESS **3301 NORTH STATE RD 7**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **D** ☐ Delete
NAME **RYTHER, EARLENE**
STREET ADDRESS **4 SUNSET DRIVE**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **D** ☐ Delete
NAME **LABRECQUE, CARMEN**
STREET ADDRESS **3301 NORTH STATE RD 7**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **T** ☒ Delete
NAME **SOUMIS, REGINALD**
STREET ADDRESS **10 ROADS END DRIVE**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **PD** ☐ Delete
NAME **BOULIANE, GILLES**
STREET ADDRESS **19 FERN DRIVE**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **LAMARCHE, MARIE-CLAUDE** ☐ Change ☒ Addition
NAME **3301 NORTH STATE RD 7**
STREET ADDRESS **HOLLYWOOD FL 33021**
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ARSENEAU, ERIC** ☐ Change ☒ Addition
NAME **3301 NORTH STATE RD 7**
STREET ADDRESS **HOLLYWOOD FL 33021**
CITY-ST-ZIP

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #