

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90052 019 ****61.25

DOCUMENT # N41671

1. Entity Name

SEMINOLE OAK TRAILS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

11590 SHELLY CIRCLE
SEMINOLE FL 33772

Mailing Address

11590 SHELLY CIRCLE
SEMINOLE FL 33772

2. Principal Place of Business

11587 Shelly Circle

3. Mailing Address

11587 Shelly Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seminole FL

City & State

Seminole FL

4. FEI Number

59-3046849

Applied For

Not Applicable

Zip

33772

Country

Pinellas

Zip

33772

Country

Pinellas

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

MCDONALD, JOHN M
11590 SHELLY CIRCLE
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name

NAOMI NUTINSKY

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

11587 Shelly Circle

City

Seminole

FL

Zip Code

33772

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

Naomi Nutinsky

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2006

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 PD
NAME LIGGINS, JUNE
STREET ADDRESS 11581 SHELLY CIRCLE
CITY-ST-ZIP SEMINOLE FL 33772 ☐ Delete

TITLE SD
NAME MUEHLHAUSEN, KAY
STREET ADDRESS 11580 SHELLY CIRCLE
CITY-ST-ZIP SEMINOLE FL 33772 ☐ Delete

TITLE TD
NAME NUTINSKY, NAOMI A
STREET ADDRESS 11587 SHELLY CIRCLE
CITY-ST-ZIP SEMINOLE FL 33772 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Naomi Nutinsky - NAOMI NUTINSKY 2-15-06