

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41671

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** SEMINOLE OAK TRAILS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

11587 SHELLY CIR  
SEMINOLE, FL 33772

**New Principal Place of Business:**

11579 SHELLY CIR  
SEMINOLE, FL 33772

**Current Mailing Address:**

11587 SHELLY CIR  
SEMINOLE, FL 33772

**New Mailing Address:**

11579 SHELLY CIR  
SEMINOLE, FL 33772

**FEI Number:** 59-3046849

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NUTINSKY, NAOMI  
11587 SHELLY CIR  
SEMINOLE, FL 33772 US

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

LOMBARDO, BARBARA A  
11579 SHELLY CIR  
SEMINOLE, FL 33772 US

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: BARBARA A. LOMBARDO

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LIGGINS, JUNE  
Address: 11581 SHELLY CIRCLE  
City-St-Zip: SEMINOLE, FL 33772

Title: SD ( ) Delete  
Name: DRAGOSITS, LINDA  
Address: 11576 SHEELY AVENUE  
City-St-Zip: SEMINOLE, FL 33772

Title: TD ( ) Delete  
Name: NUTINSKY, NAOMI A  
Address: 11587 SHELLY CIRCLE  
City-St-Zip: SEMINOLE, FL 33772

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LIGGINS, JUNE  
Address: 11581 SHELLY CIRCLE  
City-St-Zip: SEMINOLE, FL 33772 US

Title: TD (X) Change ( ) Addition  
Name: LOMBARDO, BARBARA A  
Address: 11579 SHELLY CIRCLE  
City-St-Zip: SEMINOLE, FL 33772 US

Title: VD (X) Change ( ) Addition  
Name: KOELSCH, JAMES  
Address: 11582 SHELLY CIRCLE  
City-St-Zip: SEMINOLE, FL 33772 US

Title: ST ( ) Change (X) Addition  
Name: COLTON, THOMAS  
Address: 7003 SHELLY CIRCLE  
City-St-Zip: SEMINOLE, FL 33772 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA A. LOMBARDO

TD

04/30/2009

Electronic Signature of Signing Officer or Director

Date