

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000003800

1. Entity Name
SEMINOLE CLUB OF GREATER MIAMI, INC.



Principal Place of Business ...
P.O. BOX 145220
CORAL GABLES, FL 33114

Mailing Address
P.O. BOX 145220
CORAL GABLES, FL 33114



04112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0604167

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CECIO, JULIAN J
14910 SW 168 ST
MIAMI, FL 33187

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME LOMBARD, ED
STREET ADDRESS 1111 BRICKELL AVE STE 2500
CITY-ST-ZIP MIAMI, FL 33131

TITLE D
NAME BORGES, JAVIER
STREET ADDRESS 200 S BISCAYNE BLVD
CITY-ST-ZIP MIAMI, FL 33131

TITLE D
NAME CECIO, JULIAN J
STREET ADDRESS 14910 SW 168TH ST
CITY-ST-ZIP MIAMI, FL 33187

TITLE D
NAME GAVIN, VALERIE
STREET ADDRESS 5800 BLUE LAGOON DR
CITY-ST-ZIP MIAMI, FL 33126

TITLE D
NAME STARKE, LEONARDO
STREET ADDRESS 3340 SW 32 AVE
CITY-ST-ZIP MIAMI, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

0000000304441
04/14/05-80043-010 \$1.25

**DO NOT WRITE
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)(f), 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 #

4-11-05 305-252-3895