

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY -1 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N96000004195 (1)

1. Corporation Name

SEMINOLA COMMUNITY CLUB, INC.

Principal Place of Business

Mailing Address

520 WEST 23 STREET
HIALEAH FL 33010

2480 WEST 5TH COURT
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/12/1996

3a. Date of Last Report

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name
Spiegel & Utrera, P.A. d/b/a AmeriLawyer
82 Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue
83
84 City
Coral Gables FL 85 Zip Code
33134

11. Pursuant to the provisions of Sections 17.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, in the event of a change of registered office or registered agent, I am familiar with and accept the provisions of Section 617.0603, Florida Statutes.

SIGNATURE

By: Natalia Utrera, Vice-President
Signature, Title, and Date of Signature (Agent signature required when reinstating)

DATE

9/27/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PD
STREET ADDRESS MARTIN, KEVIN
CITY-ST-ZIP 520 WEST 23 STREET
HIALEAH FL 33010

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 700002516177--2
1.3 STREET ADDRESS -05/07/98--01123--001
1.4 CITY-ST-ZIP *****297.50 *****297.50

TITLE ☐ DELETE
NAME VD
STREET ADDRESS MOORE, WANDA
CITY-ST-ZIP 520 WEST 23 STREET
HIALEAH FL 33010

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 700002516177--2
2.3 STREET ADDRESS -05/07/98--01123--002
2.4 CITY-ST-ZIP *****236.25 *****236.25

TITLE ☐ DELETE
NAME SD
STREET ADDRESS COTSON, KATHY
CITY-ST-ZIP 520 WEST 23 STREET
HIALEAH FL 33010

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME TD
STREET ADDRESS LONG, ELAINE
CITY-ST-ZIP 520 WEST 23 STREET
HIALEAH FL 33010

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Natalia Utrera

9/28/98

205-242-2641

CP2E037 (4/97)