


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000113581 1. Entity Name SEMINOLE WOODS DEVELOPMENT, INC.	
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Principal Place of Business 110 ISLAND ESTATES PARKWAY HAMMOCK DUNCS PALM COAST, FL 32137	Mailing Address 110 ISLAND ESTATES PARKWAY HAMMOCK DUNCS PALM COAST, FL 32137
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DO NOT WRITE IN THIS SPACE

FILED
May 07, 2007 08:00 AM
Secretary of State



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0728316	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERENZWEIG, CINDY
110 ISLAND ESTATES PARKWAY
HAMMOCK DUNCS
PALM COAST, FL 32137

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERENZWEIG, CINDY 110 ISLAND ESTATES PKWY PALM COAST, FL 32137
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05/25/07-80060-009 150.00

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IN THIS SPACE**

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 607, 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: Cindy Berenzweig **4-30-07 7189615850**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #