2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2025
Secretary of State
0906259926CC

DOCUMENT# 756037

Entity Name: SEMINOLE OAKS APARTMENTS CONDOMINIUM, INC.

Current Principal Place of Business:

C/O CADENCE COMMUNITY MANAGEMENT
P.O. BOX 4038
CLEARWATER, FL 33606

Current Mailing Address:

C/O CADENCE COMMUNITY MANAGEMENT
P.O. BOX 4038
CLEARWATER, FL 33606 US

FEI Number: 59-2124559

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CADENCE COMMUNITY MANAGEMENT
1105 WEST SWANN AVENUE
TAMPA, FL 33606 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: MATTHEW SAWYER 04/25/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	TREASURER
Name	ESCOBAR, ANTONIO	Name	BUTCHER, BRUCE A
Address	C/O CADENCE COMMUNITY MANAGEMENT P.O. BOX 4038	Address	C/O CADENCE COMMUNITY MANAGEMENT P.O. BOX 4038
City-State-Zip:	CLEARWATER FL 33606	City-State-Zip:	CLEARWATER FL 33606
Title	SECRETARY	Title	VP
Name	SILVA, RON	Name	BALTRUM, CAROL
Address	C/O CADENCE COMMUNITY MANAGEMENT P.O. BOX 4038	Address	C/O CADENCE COMMUNITY MANAGEMENT P.O. BOX 4038
City-State-Zip:	CLEARWATER FL 33606	City-State-Zip:	CLEARWATER FL 33606
Title	DIRECTOR		
Name	CONNER, DEBRA		
Address	C/O CADENCE COMMUNITY MANAGEMENT P.O. BOX 4038		
City-State-Zip:	CLEARWATER FL 33606		

I hereby 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 all other like empowered.

SIGNATURE: ESCOBAR , ANTONIO PRESIDENT 04/25/2025

Electronic Signature of Signing Officer/Director Detail — Date