

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAR 23 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720053 (8)

1. Corporation Name

SEMINOLE-ON-THE-GREEN, VILLAS UNIT NO. TWO SOUTH
ASSOCIATION, INC.

Principal Place of Business

9996 SEMINOLE BLVD.
SEMINOLE FL 34642

Mailing Address

9996 SEMINOLE BLVD.
SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1971

3a. Date of Last Report

03/24/1994

4. FEI Number

59-1675387

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MCKEOWN, WILLIAM
9034 GOLDEN HORSESHORE DR
SEMINOLE FL 34647

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SLOVER, JAMES
STREET ADDRESS 9056 GRAND BAHAMA DRIVE
CITY-ST-ZIP SEMINOLE, FL 33543

TITLE S
NAME OLSON, BARBARA
STREET ADDRESS 9014 GOLDEN HORSESHOE DR
CITY-ST-ZIP SEMINOLE FL

TITLE VPT
NAME MCKEOWN, WILLIAM
STREET ADDRESS 9034 GOLDEN HORSESHOE DR
CITY-ST-ZIP SEMINOLE FL

TITLE PD
NAME PECK, JOHN
STREET ADDRESS 9054 GOLDEN HORSESHOE DR
CITY-ST-ZIP SEMINOLE FL

TITLE D
NAME MCKEOWN, BARBARA
STREET ADDRESS 9034 GOLDEN HORSESHOE DR
CITY-ST-ZIP SEMINOLE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P. ☒ Change ☐ Addition
1.2 NAME Slover, James
1.3 STREET ADDRESS 9056 Grand Bahama Drive
1.4 CITY-ST-ZIP Seminole, FL 34647

2.1 TITLE D. ☒ Change ☐ Addition
2.2 NAME Olson, Barbara
2.3 STREET ADDRESS 9014 Golden Horseshoe Drive
2.4 CITY-ST-ZIP Seminole, FL 34647

3.1 TITLE VPT ☒ Change ☐ Addition
3.2 NAME Mckeown, William
3.3 STREET ADDRESS 9034 Golden Horse Shoe Dr.
3.4 CITY-ST-ZIP Seminole, FL 34647

4.1 TITLE D. ☒ Change ☐ Addition
4.2 NAME Andrae, William
4.3 STREET ADDRESS 9046 Golden Horse Shoe Dr.
4.4 CITY-ST-ZIP Seminole, FL 34647

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as appointed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-9-95