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Mar 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720053 (8)

1. Corporation Name

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

Principal Place of Business

Mailing Address

9996 SEMINOLE BLVD.
SEMINOLE FL 346429996 SEMINOLE BLVD.
SEMINOLE FL 33772-25353. Date Incorporated or Qualified
01/12/19713a. Date of Last Report
04/02/19964. FEI Number
59-1675387Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME SLOVER, JAMES
STREET ADDRESS 9056 GRAND BAHAMA DRIVE
CITY-ST-ZIP SEMINOLE FLTITLE D ☒ DELETE
NAME OLSON, BARBARA
STREET ADDRESS 9014 GOLDEN HORSESHOE DR
CITY-ST-ZIP SEMINOLE FLTITLE T ☐ DELETE
NAME MCKEOWN, WILLIAM
STREET ADDRESS 9034 GOLDEN HORSESHOE DRIVE
CITY-ST-ZIP SEMINOLE FLTITLE D ☐ DELETE
NAME ANDRAE, WILLIAM
STREET ADDRESS 9046 GOLDEN HORSESHOE DRIVE
CITY-ST-ZIP SEMINOLE FLTITLE D ☒ DELETE
NAME MCKEOWN, BARBARA
STREET ADDRESS 9034 GOLDEN HORSESHOE DR
CITY-ST-ZIP SEMINOLE FLTITLE VPS ☐ DELETE
NAME HALPIN, ROBERT
STREET ADDRESS 6531 GOLDEN HORSESHOE DRIVE
CITY-ST-ZIP SEMINOLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 337772.1 TITLE S ☐ Change ☒ Addition
2.2 NAME KELLY, IRIS
2.3 STREET ADDRESS 9066 GOLDEN HORSESHOE DRIVE
2.4 CITY-ST-ZIP SEMINOLE, FL 337773.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 337774.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 337775.1 TITLE D ☐ Change ☒ Addition
5.2 NAME DEBONO, MANNY
5.3 STREET ADDRESS 9064 GOLDEN HORSESHOE DRIVE
5.4 CITY-ST-ZIP SEMINOLE, FL 337776.1 TITLE VP ☒ Change ☐ Addition
6.2 NAME HALPIN, ROBERT
6.3 STREET ADDRESS 6531 GOLDEN HORSESHOE DRIVE
6.4 CITY-ST-ZIP SEMINOLE, FL 33777

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0051722

CR2E037 (9/96)