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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720053

1. Corporation Name

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

Principal Place of Business

9996 SEMINOLE BLVD.
SEMINOLE FL 33772
US

Mailing Address

9996 SEMINOLE BLVD.
SEMINOLE FL 33772
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/12/1971

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1675387

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEBONO, MANNY
9064 GOLDEN HORSESHOE DRIVE
SEMINOLE FL 33777**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/2/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P**
DEBONO, MANNY
STREET ADDRESS **9064 GOLDEN HORSESHOE DRIVE**
CITY-ST-ZIP **SEMINOLE FL 33777**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **VP**
HALPIN, BOB
STREET ADDRESS **6531 GOLDEN HORSESHOE DR**
CITY-ST-ZIP **SEMINOLE FL 33777**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **T.**
KELLEY, STAN
STREET ADDRESS **9066 GOLDEN HORSESHOE DRIVE**
CITY-ST-ZIP **SEMINOLE FL 33777**

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **S**
DEBONO, CELESTE
STREET ADDRESS **9064 GOLDEN HORSESHOE DR**
CITY-ST-ZIP **SEMINOLE FL 33777**

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **D**
ANDRAE, BILL
STREET ADDRESS **9046 GOLDEN HORSESHOE DR**
CITY-ST-ZIP **SEMINOLE FL 33777**

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **D**
MCKEOWN, BILL
STREET ADDRESS **9034 GOLDEN HORSESHOE DR**
CITY-ST-ZIP **SEMINOLE FL 33777**

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

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

Manny DeBono
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/99

CR2E037 (1/98)