

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90155 006 ****61.25

DOCUMENT # 720053

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1675387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALPIN, ROBERT
 6531 GOLDEN HORSESHOE DRIVE
 SEMINOLE FL 33777**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	RIDEN, MARGARET	
STREET ADDRESS	9044 GOLDEN HORSESHOE DRIVE	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HALPIN, BOB	
STREET ADDRESS	6531 GOLDEN HORSESHOE DR	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	T	<input type="checkbox"/> Delete
NAME	KELLEY, STAN	
STREET ADDRESS	9066 GOLDEN HORSESHOE DRIVE	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	P	<input type="checkbox"/> Delete
NAME	GAMBLE, WAYNE	
STREET ADDRESS	6550 GOLDEN HORSESHOE DRIVE	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDRAE, BILL	
STREET ADDRESS	9046 GOLDEN HORSESHOE DR	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	S	<input type="checkbox"/> Delete
NAME	RYAN, NORA	
STREET ADDRESS	9054 GOLDEN HORSESHOE DRIVE	
CITY-ST-ZIP	SEMINOLE FL 33777	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)