



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

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 Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
01262004 Chg-NP CR2E037 (10/03)				4. FEI Number 59-1675387	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HALPIN, ROBERT 6531 GOLDEN HORSESHOE DRIVE SEMINOLE, FL 33777			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDEN, MARGARET 9044 GOLDEN HORSESHOE DRIVE SEMINOLE, FL 33777	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000076637 03/05/04-80010-007 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALPIN, BOB 6531 GOLDEN HORSESHOE DR SEMINOLE, FL 33777	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLEY, STAN 9066 GOLDEN HORSESHOE DRIVE SEMINOLE, FL 33777	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAMBLE, WAYNE 6550 GOLDEN HORSESHOE DRIVE SEMINOLE, FL 33777	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRAE, BILL 9046 GOLDEN HORSESHOE DR SEMINOLE, FL 33777	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RYAN, NORA 9054 GOLDEN HORSESHOE DRIVE SEMINOLE, FL 33777	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Robert Halpin</i></u> <u>2/29/04</u> <u>(727) 392-2170</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					