

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720053

**Entity Name:** SEMINOLE-ON-THE-GREEN, VILLAS UNIT NO. TWO SOUTH ASSOCIATION, INC.**FILED**  
**Mar 27, 2023**  
**Secretary of State**  
**7439947988CC****Current Principal Place of Business:**LAMONT MANAGEMENT  
250 104TH AVENUE  
TREASURE ISLAND, FL 33706**Current Mailing Address:**LAMONT MANAGEMENT  
250 104TH AVENUE  
TREASURE ISLAND, FL 33706 US**FEI Number: 59-1675387****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LAMONT MANAGEMENT  
LAMONT MANAGEMENT  
250 104TH AVENUE  
TREASURE ISLAND, FL 33706 US*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: STEPHANIE HENDRIX****03/27/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SECRETARY
Name	KEEGAN, PATRICIA
Address	LAMONT MANAGEMENT 250 104TH AVENUE
City-State-Zip:	TREASURE ISLAND FL 33706

Title	TREASURER
Name	MONROE, KATHLEEN
Address	LAMONT MANAGEMENT 250 104TH AVENUE
City-State-Zip:	TREASURE ISLAND FL 33706

Title	PRESIDENT
Name	ROBERT , ROMER
Address	LAMONT MANAGEMENT 250 104TH AVENUE
City-State-Zip:	TREASURE ISLAND FL 33706

Title	VP
Name	GLENN, THOMAS
Address	LAMONT MANAGEMENT 250 104TH AVENUE
City-State-Zip:	TREASURE ISLAND FL 33706

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: ROBERT ROMER****PRESIDENT****03/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date