

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720053

Entity Name: SEMINOLE-ON-THE-GREEN, VILLAS UNIT NO. TWO SOUTH ASSOCIATION, INC.**FILED**
Mar 22, 2013
Secretary of State
CC0156024273**Current Principal Place of Business:**9996 SEMINOLE BLVD.
SEMINOLE, FL 33772**Current Mailing Address:**9996 SEMINOLE BLVD.
SEMINOLE, FL 33772 US**FEI Number: 59-1675387****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LYNCH, GARRICK
9996 SEMINOLE BLVD
SEMINOLE, FL 33772 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title S
Name KOOVITS, ROBERT
Address 9054 GOLDEN HORSESHOE DR
City-State-Zip: SEMINOLE FL 33777Title DIR
Name VOLK, ROBERT
Address 9006 GOLDEN HORSESHOE DR
City-State-Zip: SEMINOLE FL 33777Title P
Name GAMBLE, WAYNE
Address 6550 GOLDEN HORSESHOE DR
City-State-Zip: SEMINOLE FL 33777Title DIR
Name FISH, ROMAN
Address 9056 GOLDEN HORSESHOE DR
City-State-Zip: SEMINOLE FL 33777Title VP
Name SOWERS, AL
Address 6521 GOLDEN HORSESHOE DR
City-State-Zip: SEMINOLE FL 33772Title T
Name WOOLEY, SARA
Address 9034 GOLDEN HORSESHOE DR
City-State-Zip: SEMINOLE FL 33772

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: WAYNE GAMBLE**PRES****03/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date