

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90024 043 ****61.25

DOCUMENT # 719366

1. Entity Name
**SEMINOLE-ON-THE-GREEN, VILLAS UNIT NO. ONE
SOUTH ASSOCIATION, INC.**



Principal Place of Business
**SEMINOLE-ON-THE-GREEN VILLAS UNIT NO 1
9996 SEMINOLE BLVD
SEMINOLE, FL 33772**

Mailing Address
**SEMINOLE-ON-THE-GREEN VILLAS UNIT NO 1
9996 SEMINOLE BLVD
SEMINOLE, FL 33772**

40035232



02282007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1678047

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BERNHARDT, ED
6560 GOLDEN HORSESHOE DR
SEMINOLE, FL 33777**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
BERNHARDT, ED
6581 GOLDEN HORSESHOE DR.
SEMINOLE, FL 33777**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VTD
SUGGS, LEE
6571 GOLDEN HORSESHOE DR.
SEMINOLE, FL 33777**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
MCCONNELL, ED
6590 GOLDEN HORSESHOE DR
SEMINOLE, FL 33772**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SACKS, JERRY
6571 GOLDEN HORSESHOE DR
SEMINOLE, FL 33772**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/07

Date

Daytime Phone #