2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# 719366

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1678047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNCH, GARRICK
9996 SEMINOLE BLVD
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BERNHARDT, ED
Address: 6581 GOLDEN HORSESHOE DR.
City-St-Zip: SEMINOLE, FL 33777

Title: VTD ( ) Delete
Name: SUGGS, LEE
Address: 6571 GOLDEN HORSESHOE DR.
City-St-Zip: SEMINOLE, FL 33777

Title: SD ( ) Delete
Name: MCCONNELL, ED
Address: 6590 GOLDEN HORSESHOE DR
City-St-Zip: SEMINOLE, FL 33772

Title: S ( ) Delete
Name: SMITH, MARY
Address: 6570 GOLDEN HORSESHOE DR
City-St-Zip: SEMINOLE, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ED BERNHARDT PRES 02/27/2009

Electronic Signature of Signing Officer or Director — Date