


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 719367 1. Entity Name SEMINOLE-ON-THE-GREEN, VILLAS UNIT NO. ONE NORTH ASSOCIATION, INC.	
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Principal Place of Business 8940A PARK BLVD. % HOWARD HARTWELL SEMINOLE, FL 33772 US	Mailing Address C/O SEMINOLE ACCOUNTANTS, INC. 9996 SEMINOLE BLVD SEMINOLE, FL 33772 US
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02062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1539060	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RINEHART, WILLIAM D 9050 PARK BLVD #2 SEMINOLE, FL 33777	DO NOT WRITE IN THIS SPACE
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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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RINEHART, WILLIAM D 9050 PARK BLVD #2 SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RINEHART, MARIE 9050 PARK BLVD #2 SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORAL, MILLICENT 8960 B PARK BLVD SEMINOLE, FL 33777
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/11/05-80036-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/8/2005 <small>Date</small>	<small>Daytime Phone #</small>
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