

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

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

03-14-2007 90024 042 ****61.25

DOCUMENT # 719367

1. Entity Name

SEMINOLE-ON-THE-GREEN, VILLAS UNIT NO. ONE
NORTH ASSOCIATION, INC.



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

40033233



01032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1539060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RINEHART, WILLIAM D
9050 PARK BLVD #2
SEMINOLE, FL 33777

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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 PD
NAME RINEHART, WILLIAM D
STREET ADDRESS 9050 PARK BLVD #2
CITY-ST-ZIP SEMINOLE, FL 33777

TITLE VPD
NAME RINEHART, MARIE
STREET ADDRESS 9050 PARK BLVD #2
CITY-ST-ZIP SEMINOLE, FL 33777

TITLE D
NAME KORAL, MILLICENT
STREET ADDRESS 8960 B PARK BLVD
CITY-ST-ZIP SEMINOLE, FL 33777

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #