

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

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

03-14-2007 90024 041 ****61.25

DOCUMENT # 720053

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



Principal Place of Business
**9996 SEMINOLE BLVD.
SEMINOLE, FL 33772 US**

Mailing Address
**9996 SEMINOLE BLVD.
SEMINOLE, FL 33772 US**

40035234



02272007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1675387

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HALPIN, ROBERT
6531 GOLDEN HORSESHOE DRIVE
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
**D
RIDEN, MARGARET
9044 GOLDEN HORSESHOE DRIVE
SEMINOLE, FL 33777**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
HALPIN, BOB
6531 GOLDEN HORSESHOE DR
SEMINOLE, FL 33777**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
KELLEY, STAN
9066 GOLDEN HORSESHOE DRIVE
SEMINOLE, FL 33777**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
GAMBLE, WAYNE
6550 GOLDEN HORSESHOE DRIVE
SEMINOLE, FL 33777**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ANDRAE, BILL
9046 GOLDEN HORSESHOE DR
SEMINOLE, FL 33777**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
RYAN, NORA
9054 GOLDEN HORSESHOE DRIVE
SEMINOLE, FL 33777**

**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

3/10/07

Date

Daytime Phone #