
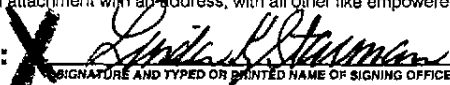


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # 722846</b> 1. Entity Name <b>SEMINOLE-ON-THE-GREEN, VILLAS UNIT NO. THREE SOUTH ASSOCIATION, INC.</b>					
Principal Place of Business <b>9996 SEMINOLE BLVD SEMINOLE, FL 33772 US</b>			Mailing Address <b>9996 SEMINOLE BLVD SEMINOLE, FL 33772 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1673960</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SKAHAN, DONALD 6548 GOLDEN HORSE SHOE DRIVE SEMINOLE, FL 33777</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
P <b>STARMAN, LINDA</b> <b>6595 GREEN VALLEY DRIVE</b> <b>SEMINOLE, FL 33777</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
SD <b>BARNES, DOTTIE</b> <b>6547 SAHARA DRIVE</b> <b>SEMINOLE, FL 33777</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
AST <b>JONES, CAROL</b> <b>6595 GREEN VALLEY DRIVE</b> <b>SEMINOLE, FL 33777</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
V <b>BEAR, ALICE</b> <b>6544 GREEN VALLEY DRIVE</b> <b>SEMINOLE, FL 33777</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> 				Date <b>2/24/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	