2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# 722846

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

Current Principal Place of Business:

6599 GOLDEN HORSHOE DR
SEMINOLE, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

C/O RESOURCE PROPERT MGMT
7300 PARK STREET
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 59-1673960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKAHAN, DONALD
6548 GOLDEN HORSE SHOE DRIVE
SEMINOLE, FL 33777 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: P ( ) Delete
Name: NOLAN, GAIL
Address: 6528 GOLDEN HORSESHOE DRIVE
City-St-Zip: SEMINOLE, FL 33777

Title: VPD ( ) Delete
Name: FREY, BILL
Address: 6548 GOLDEN HORSESHOE DR
City-St-Zip: SEMINOLE, FL 33777

Title: STD ( ) Delete
Name: HENAGHEN, JILL
Address: 6584 GREEN VALLEY DRIVE
City-St-Zip: SEMINOLE, FL 33777

Title: D ( ) Delete
Name: STARMAN, LINDA
Address: 6567 SAHARA DRIVE
City-St-Zip: SEMINOLE, FL 33777

Title: D ( ) Delete
Name: BARNES, DOTTIE
Address: 6587 SAHARA DRIVE
City-St-Zip: SEMINOLE, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NOLAN, GAIL
Address: 6528 GOLDEN HORSESHOE DRIVE
City-St-Zip: SEMINOLE, FL 33777

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: GAIL NOLAN PRES 04/22/2008

Electronic Signature of Signing Officer or Director — Date