

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90001 022 \*\*\*\*61.25

**DOCUMENT # 727335**

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



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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-1674708**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HARRIS, ROSE MARIE  
9155 PINEHURST DR.  
SEMINOLE, FL 33777**

7. Name and Address of New Registered Agent

Name **GEORGE TOCHTERMAN**  
Street Address (P.O. Box Number is Not Acceptable)

City **SEMINOLE** FL Zip Code **33777**

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

*George Tocherman*

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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **DAVIS, JEAN**  
STREET ADDRESS **9099 PINEHURST DRIVE**  
CITY-ST-ZIP **SEMINOLE, FL 33777**

TITLE **VPD** ☒ Delete  
NAME **SKLERYK, WILLIAM**  
STREET ADDRESS **9023 PINEHURST DR**  
CITY-ST-ZIP **SEMINOLE, FL 33777**

TITLE **D** ☒ Delete  
NAME **COOK, EVELYN**  
STREET ADDRESS **8991 PINEHURST DR.**  
CITY-ST-ZIP **SEMINOLE, FL 33777**

TITLE **SD** ☒ Delete  
NAME **TOCHERMAN, GEORGE**  
STREET ADDRESS **9053 PINEHURST DR**  
CITY-ST-ZIP **SEMINOLE, FL 33777**

TITLE **PD** ☒ Delete  
NAME **HARRIS, ROSE MARIE**  
STREET ADDRESS **9155 PINEHURST DR**  
CITY-ST-ZIP **SEMINOLE, FL 33777**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **GEORGE TOCHTERMAN**  
STREET ADDRESS **9053 PINEHURST DRIVE**  
CITY-ST-ZIP **SEMINOLE, FL 33772**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **GENE DAVIS**  
STREET ADDRESS **9099 PINEHURST DRIVE**  
CITY-ST-ZIP **SEMINOLE, FL 33777**

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **MARLYNN CAREY**  
STREET ADDRESS **9133 PINEHURST DRIVE**  
CITY-ST-ZIP **SEMINOLE, FL 33777**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **NANCY MACHT**  
STREET ADDRESS **9101 PINEHURST DRIVE**  
CITY-ST-ZIP **SEMINOLE, FL 33777**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **EVELYN COOK**  
STREET ADDRESS **8991 PINEHURST DR.**  
CITY-ST-ZIP **SEMINOLE, FL 33777**

TITLE ☐ Change ☒ Addition  
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.

SIGNATURE:

*George Tocherman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/04 (227) 372-2120