

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90005 013 \*\*\*\*61.25

**50058338**



<b>DOCUMENT # 727335</b> 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  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1674708</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  TOCTERMAN, GEORGE 9155 PINEHURST DR. SEMINOLE, FL 33777				7. Name and Address of New Registered Agent Name <b>MACHT, NANCY</b> Street Address (P.O. Box Number is Not Acceptable) <b>9101 PINEHURST DRIVE</b> City <b>SEMINOLE</b> FL Zip Code <b>33777</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>7/26/05</b>	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOCTERMAN, GEORGE 9053 PINEHURST DRIVE SEMINOLE, FL 33777	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACHT, NANCY 9101 PINEHURST DRIVE SEMINOLE FL 33777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, GENE 9099 PINEHURST DRIVE SEMINOLE, FL 33777	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIBLER, KEN 9113 PINEHURST DRIVE SEMINOLE FL 33777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAREY, MARY ANN 9183 PINEHURST DRIVE SEMINOLE, FL 33777	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOCTERMAN, GEORGE 9053 PINEHURST DRIVE SEMINOLE, FL 33777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, EVELYN 8991 PINEHURST DRIVE SEMINOLE, FL 33777	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOCTERMAN, GEORGE 9053 PINEHURST DRIVE SEMINOLE, FL 33777	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, EVELYN 8991 PINEHURST DRIVE SEMINOLE, FL 33777	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOCTERMAN, GEORGE 9053 PINEHURST DRIVE SEMINOLE, FL 33777	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>7/26/05</b> <small>Date</small>	