

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727335

FILED
May 12, 2006
Secretary of State

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

Current Principal Place of Business:

9996 SEMINOLE BLVD
SEMINOLE, FL 33772 US

New Principal Place of Business:

Current Mailing Address:

9996 SEMINOLE BLVD
SEMINOLE, FL 33772 US

New Mailing Address:

FEI Number: 59-1674708 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MACHT, NANCY
9101 PINEHURST 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: MACHT, NANCY
Address: 9101 PINEHURST DRIVE
City-St-Zip: SEMINOLE, FL 33777

Title: V () Delete
Name: KIBLER, KEN
Address: 9113 PINEHURST DRIVE
City-St-Zip: SEMINOLE, FL 33777

Title: S () Delete
Name: CAREY, MARY ANN
Address: 9183 PINEHURST DRIVE
City-St-Zip: SEMINOLE, FL 33777

Title: D () Delete
Name: TOCHTERMAN, GEORGE
Address: 9053 PINEHURST DRIVE
City-St-Zip: SEMINOLE, FL 33777

Title: D () Delete
Name: COOK, EVELYN
Address: 8991 PINEHURST DRIVE
City-St-Zip: SEMINOLE, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY MACHT

P

05/12/2006

Electronic Signature of Signing Officer or Director

Date