

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 MAR 11 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03032008 REIN-NP CR2E099 (1/07)

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 - No P.O. Box # 9101 Pinehurst Dr.		3. Mailing Address Suite, Apt. #, etc.			
City & State Seminole FL		City & State		4. FEI Number 59-1674708	
Zip 33772		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACHT, NANCY 9101 PINEHURST DRIVE SEMINOLE, FL 33777			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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) DATE</small>					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		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 MACHT, NANCY 9101 PINEHURST DRIVE SEMINOLE, FL 33777	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KIBLER, KEN 9113 PINEHURST DRIVE SEMINOLE, FL 33777	<input type="checkbox"/> Delete			
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 TOGHTERMAN, GEORGE 9053 PINEHURST DRIVE SEMINOLE, FL 33777	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOOK, EVELYN 8901 PINEHURST DRIVE SEMINOLE, FL 33777	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRES. Rosemarie Harris 9155 Pinehurst Dr, Seminole, FL 33777	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J.T. Jordan 9021 Pinehurst Dr, Seminole, FL 33777	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mary Ann Carey 9183 Pinehurst Dr, 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 exemptions contained 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 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: <u>Nancy G. Macht</u> <u>Nancy G. Macht</u> 727-397-3806 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					