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Feb 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759051 (6)

1. Corporation Name

THE VILLAGE ON LAKE SEMINOLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
695 CENTRAL AVENUE SUITE 100 ST PETERSBURG FL 33701	695 CENTRAL AVENUE SUITE 100 ST PETERSBURG FL 33701-3688

3. Date Incorporated or Qualified: 07/07/1981
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2297168 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

KAISER, MARTIN J
695 CENTRAL AVENUE, STE 100
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	ORTON, ARNOLD		1.2 NAME	J. Jeannine Lohrig	
STREET ADDRESS	10600 VILLAGE DR. 103DB		1.3 STREET ADDRESS	10500 Village Dr. 103 E	
CITY-ST-ZIP	SEMINOLE FL 34642		1.4 CITY-ST-ZIP	~~Seminole, Fl. 33772~~	
TITLE	P	☒ DELETE	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	BRIM, RALPH		2.2 NAME	Harry Bright	
STREET ADDRESS	10550 VILLAGE DR., SUITE 104-B		2.3 STREET ADDRESS	10500 Village Dr. 201 E	
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-ST-ZIP	~~Seminole, Fl 33772~~	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COLLER, CHARLES		3.2 NAME		
STREET ADDRESS	10450 VILLAGE DR #103-C		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WEGNER, RICHARD		4.2 NAME		
STREET ADDRESS	10450 VILLAGE DR. 204-C		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34642		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, SHARON		5.2 NAME		
STREET ADDRESS	19839 GULF BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES FL		5.4 CITY-ST-ZIP		
TITLE	~~X~~ P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HOLTSCLAW, JOHN		6.2 NAME		
STREET ADDRESS	10550 VILLAGE DR SUITE 201BD		6.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34642		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J Jeannine Lohrig REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/03/97
Date

399-9883
Daytime Phone # 0049776