

2-5-78 D 1080-C
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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

07/07/1981

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME ORTON, ARNOLD
STREET ADDRESS 10600 VILLAGE DR. 103DB
CITY-ST-ZIP SEMINOLE FL 34642

TITLE D ☐ DELETE

NAME BRIGHT, HARRY
STREET ADDRESS 10500 VILLAGE DR., #201 E
CITY-ST-ZIP SEMINOLE FL

TITLE D ☒ DELETE

NAME COLLIER, CHARLES
STREET ADDRESS 10450 VILLAGE DR #103-C
CITY-ST-ZIP SEMINOLE FL

TITLE D ☐ DELETE

NAME WEGNER, RICHARD
STREET ADDRESS 10450 VILLAGE DR. 204-C
CITY-ST-ZIP SEMINOLE FL 34642

TITLE S ☒ DELETE

NAME LOHRIG, J. JEANNINE
STREET ADDRESS 10500 VILLAGE DR. 103 E
CITY-ST-ZIP SEMINOLE FL

TITLE P ☐ DELETE

NAME HOLTSCLAW, JOHN
STREET ADDRESS 10550 VILLAGE DR SUITE 201B
CITY-ST-ZIP SEMINOLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FRANK TRCKA
10500 VILLAGE DR #102E
SEMINOLE FL 33772

S
GENEVIEVE KELLY
10600 VILLAGE DR #204D
SEMINOLE FL 33772

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1-198

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