2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State
01-26-2000 90051 008 ****61.25

DOCUMENT # 759051

1. Entity Name

THE VILLAGE ON LAKE SEMINOLE CONDOMINIUM ASSOCIA

Principal Place of Business	Mailing Address
695 CENTRAL AVENUE SUITE 100 ST PETERSBURG FL 33701	695 CENTRAL AVENUE SUITE 100 ST PETERSBURG FL 33701-3662

906643

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAISER, MARTIN J 695 CENTRAL AVENUE, STE 100 ST PETERSBURG FL 33701	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.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ORTON, ARNOLD 10600 VILLAGE DR. 103DB SEMINOLE FL 34642	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP REES, RICHARD 10500 VILLAGE DR. #203E SEMINOLE, FL 33772	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRIGHT, HARRY 10500 VILLAGE DR., #201 E SEMINOLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRCKA, FRANK 10500 VILLAE DR, 102E SEMINOLE FL 33772	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARGO, GARY 10500 VILLAGE DR. #102E SEMINOLE, FL 33772	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WRYNN, JANE 10400 VILLAGE DRIVE 202 F SEMINOLE FL 33772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WRYNN, JANE 10400 VILLAGE DR. #202F SEMINOLE, FL 33772	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KELLY, GENEVIEVE 10600 VILLAE DR, 204D SEMINOLE FL 33772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOLTSCLAW, JOHN 10550 VILLAGE DR SUITE 201BD SEMINOLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLTSCLAW, JOHN 10550 VILLAGE DR. #101B SEMINOLE, FL 33772	☒ Change ☐ 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: SIGNATURE REQUIRED JANE WRYNN 1/18/2000 727 391-5901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #