2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State
02-08-2006 90008 005 ****61.25

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1. Entity Name
THE VILLAGE ON LAKE SEMINOLE CONDOMINIUM ASSOCIATION, INC.

40010470

Principal Place of Business	Mailing Address
10650 VILLAGE DRIVE # 100 SEMINOLE, FL 33702 US	10650 VILLAGE DRIVE # 100 SEMINOLE, FL 33772 US

02012006 Chg-NP CR2E037 (11/05)

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
REES, RICHARD P 10500 VILLAGE DRIVE UNIT 203-E SEMINOLE, FL 33772	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

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 REES, RICHARD 10500 VILLAGE DR, UNIT 203-E SEMINOLE, FL 33772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHUCK COLLER 10450 VILLAGE DR, UNIT 103-C SEMINOLE, FL 33772	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EINWALTER, JIM 10500 VILLAGE DR., UNIT 103-E SEMINOLE, FL 33772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN MICETICH 10550 VILLAGE DR, UNIT 103-B SEMINOLE, FL 33772	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARGO, GARY 10500 VILLAE DR, UNIT 102-E SEMINOLE, FL 33772	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHRISTINE MILNTHORPE 11428 HARBORSIDE CIR LARGO, FL 33773	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLER, SHEILA 10450 VILLAGE DRIVE, UNIT 103-C SEMINOLE, FL 33772	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HUGHES, DAVID 10450 VILLAGE DRIVE, UNIT 203-C SEMINOLE, FL 33772	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARNOLD, ORTON 10600 VILLAGE DR, UNIT 103-D SEMINOLE, FL 33772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Richard Rees RICHARD REES 2-2-06 742-3487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #