

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15814

FILED  
Mar 28, 2011  
Secretary of State

**Entity Name:** SOUTH SEMINOLE COMMUNITY ASSOCIATION FOR PROGRESS, INC.

**Current Principal Place of Business:**

325 STATION STREET  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 150355  
ALTAMONTE SPRINGS, FL 327150355 US

**New Mailing Address:**

PO BOX 150355  
ALTAMONTE SPRINGS, FL 32715 US

**FEI Number:** 59-3310353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORD, VERNON L  
1121 MERRITT STREET  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

WATKINS, CHRISTINE  
639 LAKE MOBILE DRIVE  
ALTAMONTE SPRINGS, FL 32701 US

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: CHRISTINE WATKINS

03/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: WATKINS, CHRISTINE  
Address: 639 LAKE MOBILE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP/D  
Name: ROBBINS, ALEX J  
Address: 603 LAKE MOBILE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S/D  
Name: JUSTICE, GLORIA  
Address: 107 SPRING STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: FS/D  
Name: STOKES, JOHNNIE  
Address: 803 CITRUS TREE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T/D  
Name: JUSTICE, DORIS  
Address: 1226 DUNBAR STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D  
Name: SIMMONS, HAZEL  
Address: 140 OAK AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALEX J. ROBBINS

VP/D

03/28/2011

Electronic Signature of Signing Officer or Director

Date