

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15814

FILED
Feb 09, 2012
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 32715 US

New Mailing Address:

FEI Number: 59-3310353 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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: CHRISTINE WATKINS

P

02/09/2012

Electronic Signature of Signing Officer or Director

Date