

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 14, 2011**  
**Secretary of State**

DOCUMENT# N29297

**Entity Name:** THE WOODS AT LAKE SEMINOLE, PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**25400 US 19 NORTH  
164  
CLEARWATER, FL 33763 US**New Principal Place of Business:**2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US**Current Mailing Address:**25400 US 19 NORTH  
164  
CLEARWATER, FL 33763**New Mailing Address:**2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US**FEI Number:** 59-2951460**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**STEESE, BOBBY  
25400 US 19 NORTH SUITE  
#164  
CLEARWATER, FL 33763 US**Name and Address of New Registered Agent:**HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 STE 5000  
LONGWOOD, FL 32779 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: JAMES W HART JR

06/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HETRICK, BENJAMIN  
Address: 2180 WEST SR 434 STE 5000  
City-St-Zip: LONGWOOD, FL 32779

Title: VPD  
Name: HERB, ROBERT  
Address: 2180 WEST SR 434 STE 5000  
City-St-Zip: LONGWOOD, FL 32779

Title: SD  
Name: OLER, KRISTEN  
Address: 2180 WEST SR 434 STE 5000  
City-St-Zip: LONGWOOD, FL 32779

Title: TD  
Name: SOUTH, MARVIN  
Address: 2180 WEST SR 434 STE 5000  
City-St-Zip: LONGWOOD, FL 32779

Title: D  
Name: DEAN, KIMBERLY  
Address: 2180 WEST SR 434 STE 5000  
City-St-Zip: LONGWOOD, FL 32779

Title: D  
Name: A'HARA, HEIDI  
Address: 2180 WEST SR 434 STE 5000  
City-St-Zip: LONGWOOD, FL 32779

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: BENJAMIN HETRICK

PD

06/14/2011

Electronic Signature of Signing Officer or Director

Date