

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004507 (9)**

1. Corporation Name

SEMINOLE RIDGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

RT 1 BOX 110
BARBER BRANCH RD
ST. GEORGE GA 31646

P.O. BOX 1424
MACCLENNY FL 32063

3. Date Incorporated or Qualified 09/09/1994	3a. Date of Last Report 04/27/1995
4. FEI Number 59-3313706 APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIERCE, ROBERT J
602 S 6 ST
MACCLENNY FL 32063

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

12. Name of the Corporation (check the appropriate box)

13. Registered Agent signature required when used (check)

DATE

OFFICERS AND DIRECTORS

ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 TITLE: PD 12.2 NAME: OWENS, MARTIN W 12.3 STREET ADDRESS: P.O. BOX 1424 N/A 12.4 CITY-ST-ZIP: MACCLENNY FL 32063 <input type="checkbox"/> DELETE	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.1 TITLE: VTD 12.2 NAME: CREWS, DARRELL 12.3 STREET ADDRESS: RT 1 BOX 634 12.4 CITY-ST-ZIP: SANDERSON FL 32087 <input type="checkbox"/> DELETE	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.1 TITLE: SD 12.2 NAME: CREWS, JULIE 12.3 STREET ADDRESS: RT 1 BOX 634 12.4 CITY-ST-ZIP: SANDERSON FL 32087 <input type="checkbox"/> DELETE	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12.1 TITLE: <input type="checkbox"/> DELETE 12.2 NAME: <input type="checkbox"/> DELETE 12.3 STREET ADDRESS: <input type="checkbox"/> DELETE 12.4 CITY-ST-ZIP: <input type="checkbox"/> DELETE	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Martin W. Owens, Pres.* / **MARTIN W. OWENS, PRES.** / 1-26-96 / 912-243-8118

CR2E037 (12/95)