# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N94000004507**

**1.** Entity 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 |

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04302004  No Chg-NP          CR2E037 (10/03)

| **4.** FEI Number | Applied For |
|---|---|
| 59-3313706 | Not Applicable |

**5.** Certificate of Status Desired ☐   **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

OWENS, MARTIN W
RT. 1 BOX 634
SANDERSON, FL 32087

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**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, 2004**

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

**10.**                OFFICERS AND DIRECTORS

| TITLE | PD |
|---|---|
| NAME | OWENS, MARTIN W |
| STREET ADDRESS | RT. 1 BOX 110, BARBER BRANCH RD. |
| CITY-ST-ZIP | ST. GEORGE, GA 31646 |
| TITLE | VTD |
| NAME | CREWS, DARRELL |
| STREET ADDRESS | RT 1 BOX 634 |
| CITY-ST-ZIP | SANDERSON, FL 32087 |
| TITLE | SD |
| NAME | CREWS, JULIE |
| STREET ADDRESS | RT 1 BOX 634 |
| CITY-ST-ZIP | SANDERSON, FL 32087 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____  Martin Owens  4/30/04   912 843 8118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   President   Date   Daytime Phone #