


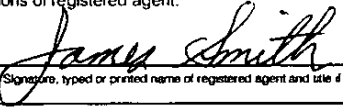

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90156 043 ****61.25

2005022



DOCUMENT # N94000004507			
1. Entity Name SEMINOLE RIDGE PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business RT 1 BOX 110 BARBER BRANCH RD ST. GEORGE, GA 31646		Mailing Address P.O. BOX 1424 MACCLENLY, FL 32063	
2. Principal Place of Business 10460 Flintlock Drive		3. Mailing Address 10460 Flintlock Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sanderson, FL		City & State Sanderson, FL	
4. FEI Number 59-3313706		Applied For <input type="checkbox"/> Not Applicable	
Zip 32087		Country USA	
Zip 32087		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OWENS, MARTIN W RT. 1 BOX 634 SANDERSON, FL 32087		7. Name and Address of New Registered Agent Name James Smith Street Address (P.O. Box Number is Not Acceptable) 10460 Flintlock Drive City Sanderson FL Zip Code 32087	
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 		James Smith 4/15/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWENS, MARTIN W RT. 1 BOX 110, BARBER BRANCH RD. ST. GEORGE, GA 31646 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD James Smith 10460 Flintlock Drive Sanderson, FL 32087 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CREWS, DARRELL RT 1 BOX 634 SANDERSON, FL 32087 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Wayne Stewart 10479 Flintlock Drive Sanderson, FL 32087 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CREWS, JULIE RT 1 BOX 634 SANDERSON, FL 32087 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Alicia Smith 10460 Flintlock Drive Sanderson, FL 32087 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Debra Lauzon 10300 Tomahawk Drive Sanderson, FL 32087 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		James Smith 4/15/2005 (904)259-3940	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	