

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004507

FILED
Jul 21, 2006
Secretary of State

Entity Name: SEMINOLE RIDGE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1424
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 59-3313706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, JAMES
10460 FLINTLOCK DR
SANDERSON, FL 32087 US

Name and Address of New Registered Agent:

STEWART, WAYNE
10479 FLINTLOCK DR
SANDERSON, FL 32087 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: WAYNE STEWART

07/21/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, JAMES
Address: 10460 FLINTOCK DR
City-St-Zip: SANDERSON, FL 32087

Title: VD () Delete
Name: STEWART, WAYNE
Address: 10479 FLINTLOCK DR
City-St-Zip: SANDERSON, FL 32087

Title: SD () Delete
Name: SMITH, ALICIA
Address: 10460 FLINTLOCK DR
City-St-Zip: SANDERSON, FL 32087

Title: TD () Delete
Name: LAUZON, DEBRA
Address: 10300 TOMAHAWK DR
City-St-Zip: SANDERSON, FL 32087

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STEWART, WAYNE
Address: 10479 FLINTOCK DR
City-St-Zip: SANDERSON, FL 32087

Title: VD (X) Change () Addition
Name: CHANCE, PAUL
Address: 10402 FLINTLOCK DR
City-St-Zip: SANDERSON, FL 32087

Title: SD (X) Change () Addition
Name: GRAHAM, DENA
Address: 21111 SEMINOLE LANE
City-St-Zip: SANDERSON, FL 32087

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WAYNE STEWART

PD

07/21/2006

Electronic Signature of Signing Officer or Director

Date