

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 16, 2008
Secretary of State**

DOCUMENT# N94000004507

Entity Name: SEMINOLE RIDGE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10479 FLINTLOCK DR.
SANDERSON, FL 32087

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 565
GLEN ST. MARY, FL 32040

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:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD () Delete
Name: CHANCE, PAUL
Address: 10270 FLINTLOCK DR
City-St-Zip: SANDERSON, FL 32087

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

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

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

Title: TD () Delete
Name: CHANCE, DIANA
Address: 10270 FLINTLOCK DR.
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 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

PRES

07/16/2008

Electronic Signature of Signing Officer or Director

_____ Date