

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004507

FILED
May 20, 2009
Secretary of State

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:

STEWART, WAYNE
10479 FLINTLOCK DR
SANDERSON, FL 32087 US

Name and Address of New Registered Agent:

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:

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

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

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

Title: TD () Delete
Name: CHANCE, DIANA
Address: 10270 FLINTLOCK DR.
City-St-Zip: SANDERSON, FL 32087

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DIANA CHANCE

TREA

05/20/2009

Electronic Signature of Signing Officer or Director

_____ Date