

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004507

**FILED**  
**Jun 19, 2013**  
**Secretary of State**  
**CC8397108101**

**Entity Name:** SEMINOLE RIDGE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10479 FLINTLOCK DR.  
SANDERSON, FL 32087

**Current Mailing Address:**

10270 FLINTLOCK DRIVE  
SANDERSON, FL 32087 US

**FEI Number: 59-3313706**

**Certificate of Status Desired: No**

**Name and Address of Current 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

**Officer/Director Detail :**

Title PD  
Name STEWART, WAYNE  
Address 10479 FLINTOCK DR  
City-State-Zip: SANDERSON FL 32087

Title VD  
Name CHANCE, PAUL  
Address 10270 FLINTLOCK DR  
City-State-Zip: SANDERSON FL 32087

Title SD  
Name GRAHAM, DENA  
Address 21111 SEMINOLE LANE  
City-State-Zip: SANDERSON FL 32087

Title TD  
Name CHANCE, DIANA  
Address 10270 FLINTLOCK DR.  
City-State-Zip: SANDERSON FL 32087

*I hereby 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 all other like empowered.*

**SIGNATURE: DIANA CHANCE**

**TREASURER**

**06/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date