FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N41950** **(9)**

1. Corporation Name

OSCEOLA COUNTRY DOWNS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 W. SR. 434 SUITE 5000 LONGWOOD FL 32779	2180 W. SR. 434 SUITE 5000 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1991
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-3066149 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

HART, JAMES W. JR.
2180 W. SR 434
SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	WEBB, JOHN R.	12 NAME	THOMAS VACEK	
STREET ADDRESS	545 DELANEY AVE BLDG 4	13 STREET ADDRESS	1435 DEAN B. STREET	
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	KISSIMMEE, FL 34744	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	TRAMELL, JOE B.	22 NAME	JOHN ARTZ	
STREET ADDRESS	545 DELANEY AVE. BLDG 4	23 STREET ADDRESS	2633 CAHOKIA COURT	
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	KISSIMMEE, FL 34744	
TITLE	STD	31 TITLE	STD	☒ Change ☐ Addition
NAME	TRAMELL, WENDY W.	32 NAME	CAROL FRISCO	
STREET ADDRESS	720 N. RIO GRANDE	33 STREET ADDRESS	2605 BELMONT PLACE	
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP	KISSIMMEE, FL 34744	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added on an additional sheet with an address.

SIGNATURE: John A. Artz 3-20-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003433