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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 32779-5044



3. Date Incorporated or Qualified
02/05/1991

3a. Date of Last Report
05/01/1996

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME THOMAS VACEK
STREET ADDRESS 1435 DEAN B. ST.
CITY-ST-ZIP KISSIMMEE FL ☐ DELETE

1.1 TITLE VD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME ARTZ
STREET ADDRESS 2833 CAHOKIA COURT
CITY-ST-ZIP KISSIMMEE FL ☐ DELETE

2.1 TITLE STD ☒ Change ☐ Addition
2.2 NAME JOHN A. ARTZ
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD
NAME CAROL FRISCO
STREET ADDRESS 2805 BELMONT PL
CITY-ST-ZIP KISSIMMEE FL ☒ DELETE

3.1 TITLE PD ☐ Change ☒ Addition
3.2 NAME JIM VEST
3.3 STREET ADDRESS 8621 CAHOKIA COURT
3.4 CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

CR2E037 (9/96)