2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# N41950

Entity Name: OSCEOLA COUNTRY DOWNS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR. 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W. SR. 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3066149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: JAMES W HART JR 04/21/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VEST, JIM
Address: 2621 CAHOKIA STREET
City-St-Zip: KISSIMMEE, FL 34744

Title: VPD ( ) Delete
Name: ORIGER, DALE
Address: 2632 CAHOKIA STREET
City-St-Zip: KISSIMMEE, FL 34744

Title: SD ( ) Delete
Name: CARERES, JOSE
Address: 2624 CAHOKIA STREET
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ORIGER, DALE
Address: 2632 CAHOKIA STREET
City-St-Zip: KISSIMMEE, FL 34744

Title: VPD (X) Change ( ) Addition
Name: MULHOLLAND, BRIAN
Address: 2620 BELMONT PL
City-St-Zip: KISSIMMEE, FL 34744

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DALE ORIGER PD 04/21/2004
Electronic Signature of Signing Officer or Director Date