

U.S. 47 B-1201 C
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Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **P96000069836 (0)**
 1. Corporation Name
OSTEEN ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **7310 STATE ROAD 52 HUDSON FL 34667**
 Mailing Address: **7310 STATE ROAD 52 HUDSON FL 34667-6711**

3. Date Incorporated or Qualified: **08/21/1996**
 3a. Date of Last Report: **N/A**

2. Principal Place of Business: **7318 STATE RD 52**
 2a. Mailing Address: **7318 STATE ROAD 52**
 4. FEI Number: **59-341-9866**
 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

22. City & State: **HUDSON, FLA.**
 27. City & State: **HUDSON, FLA.**

24. Zip: **34667**
 25. Country: **PASCO**
 29. Zip: **34667**
 30. Country: **PASCO**

9. Name and Address of Current Registered Agent: **CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE FL 32301**
 10. Name and Address of New Registered Agent:
 81 Name: **DAVID SMITH.**
 82 Street Address (P.O. Box Number is Not Acceptable): **7318 SR 52**
 83
 84 City: **HUDSON** FL 85 Zip Code: **34667**

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: *David Smith* **DAVID SMITH.** DATE: **1/11/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DAVE	1.2 NAME	
STREET ADDRESS	7310 STATE ROAD 52	1.3 STREET ADDRESS	
CITY - ST - ZIP	HUDSON FL 34667	1.4 CITY - ST - ZIP	
TITLE	VSTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DIANE	2.2 NAME	
STREET ADDRESS	7310 STATE ROAD 52	2.3 STREET ADDRESS	
CITY - ST - ZIP	HUDSON FL 34667	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Smith* DATE: **1/11/97** DAYTIME PHONE: **813 862-8434**

CR2E034 (9/96)