

FILE NOW: FILING FEE IS \$61.25

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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706357** (1)
1. Corporation Name
OSTEEN CIVIC ASSOCIATION INC

Principal Place of Business Mailing Address
165 NEW SMYRNA BLVD **P O BOX 131**
OSTEEN FL 32764 **OSTEEN FL 32764**
US

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

3. Date Incorporated or Qualified	11/01/1963
4. FEI Number	59-2930091
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKER, JOYCE C
300 PARKINSON BOULEVARD
OSTEEN FL 32764

81 Name	Jeanne Collins
82 Street Address (P.O. Box Number is Not Acceptable)	390 Gobbler Lodge Rd
83	
84 City	Osteen
85 Zip Code	FL 32764

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 **Jeanne Collins** **Jeanne Collins**

4-4-98

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	HEWETT, TOM
STREET ADDRESS	245 OAK DRIVE
CITY-ST-ZIP	OSTEEN FL 32764
TITLE	VD <input type="checkbox"/> DELETE
NAME	CHESTNUT, JEFFERY
STREET ADDRESS	240 OAK DR
CITY-ST-ZIP	OSTEEN FL 32764
TITLE	SD <input type="checkbox"/> DELETE
NAME	PARKER, JOYCE
STREET ADDRESS	300 PARKINSON BLVD
CITY-ST-ZIP	OSTEEN FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	COLLINS, JEANNE
STREET ADDRESS	390 GOBBLEERS LODGE RD
CITY-ST-ZIP	OSTEEN FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: **Jeanne Collins**

4-4-98 (407) 323-3412

CR2E037 (10/97)