

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90121 044 ****61.25

0014521

DOCUMENT # 706357

1. Corporation Name

OSTEEN CIVIC ASSOCIATION INC

147756 - 90121 - 44

Principal Place of Business

165 NEW SMYRNA BLVD
OSTEEN FL 32764
US

Mailing Address

P O BOX 131
OSTEEN FL 32764



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/01/1963

4. FEI Number

59-2930091

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

9. Name and Address of Current Registered Agent

COLLINS, JEANNE
390 GOBBLER LODGE RD
OSTEEN FL 32764

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 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* *TD*

2-1-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **PD HEWETT, TOM**
STREET ADDRESS **245 OAK DRIVE**
CITY-ST-ZIP **OSTEEN FL 32764**

TITLE ☒ DELETE
NAME **VD CHESTNUT, JEFFERY**
STREET ADDRESS **240 OAK DR**
CITY-ST-ZIP **OSTEEN FL 32764**

TITLE ☒ DELETE
NAME **SD PARKER, JOYCE**
STREET ADDRESS **300 PARKINSON BLVD**
CITY-ST-ZIP **OSTEEN FL**

TITLE ☐ DELETE
NAME **TD COLLINS, JEANNE**
STREET ADDRESS **390 GOBBLERS LODGE RD**
CITY-ST-ZIP **OSTEEN FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **PD COMBS, ALEX**
1.3 STREET ADDRESS **806 SWALLOW LANE**
1.4 CITY-ST-ZIP **OSTEEN FL 32764**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VD NORMANDY, EUGENE**
2.3 STREET ADDRESS **206 MEADOWLARK**
2.4 CITY-ST-ZIP **OSTEEN FL 32764**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **SD MENAGUALE, PHYLLIS**
3.3 STREET ADDRESS **901 BLUE HERON**
3.4 CITY-ST-ZIP **OSTEEN FL 32764**

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

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Jeanne Collins *Jeanne Collins* *2-1-99* *(407) 323-3412*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)