2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2004 8:00 am
Secretary of State
08-04-2004 90015 044 ****61.25

8/4/2

DOCUMENT # 706357

1. Entity Name

OSTEEN CIVIC ASSOCIATION INC

66432178

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
165 NEW SMYRNA BLVD OSTEEN FL 32764 US	165 NEW SMYRNA BLVD OSTEEN FL 32764 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, JEANNE
225 ORANGE BLVD
OSTEEN FL 32764

7. Name and Address of New Registered Agent

Name Collins, Jeanne

Street Address (P.O. Box Number is Not Acceptable) 225 Orange Blvd

City Osteen FL Zip Code 32764

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jeanne Collins 8-1-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HEWETT, TOM 219 OAK DRIVE OSTEEN FL 32764	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESDEPT ALEX COMPS 806 Swallow Ln OSTEEN FL 32764 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MERIDETH, KENNETH 917 IRON BEND TRAIL OSTEEN FL 32764	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President MERIDETH KENNETH. 917 IRON BEND TRAIL OSTEEN FL 32764 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HELLER, DELANIE PO BOX 429 OSTEEN FL 32764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S.D Heller-Delanie P.O Box 429 Osteen FL 32764 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COLLINS, JEANNE 225 ORANGE BLVD OSTEEN FL 32764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T.D Jeanne Collins 225 Orange Blvd Osteen Fl 32764 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRAKER, JOYCE 300 PARKINSON OSTEEN FL 32764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Parker Joyce 300 Parkinson Osteen Fl 32764 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COLLINS, JEANNE 225 ORANGE BLVD. OSTEEN FL 32764	☒ Delete Duplicate See Line 7	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EUGENE NORMANDY 206 Meadowlark Dr Osteen Fl 32764 — ☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeanne Collins Jeanne Collins 8-1-04 (407) 323-3342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #