

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706357

FILED
May 02, 2009
Secretary of State

Entity Name: OSTEEN CIVIC ASSOCIATION INC

Current Principal Place of Business:

165 NEW SMYRNA BLVD
OSTEEN, FL 32764 US

New Principal Place of Business:

Current Mailing Address:

165 NEW SMYRNA BLVD
OSTEEN, FL 32764 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CLEMENS, MICHAEL P
165 NEW SMYRNA BLVD
OSTEEN, FL 32764 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLEMENS, MICHAEL P
Address: 165 NEW SMYRNA BLVD
City-St-Zip: OSTEEN, FL 32764

Title: VP () Delete
Name: STOCK, SHERYL
Address: 1165 NEW SMYRNA BLVD
City-St-Zip: OSTEEN, FL 32764

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CLEMENS, MICHAEL P
Address: 165 NEW SMYRNA BLVD
City-St-Zip: OSTEEN, FL 32764

Title: VPD (X) Change () Addition
Name: STOCK, SHERYL
Address: 165 NEW SMYRNA BLVD
City-St-Zip: OSTEEN, FL 32764

Title: ST () Change (X) Addition
Name: MILITZER, CELESTE
Address: 165 NEW SMYRNA BLVD
City-St-Zip: OSTEEN, FL 32764

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL CLEMENS

PD

05/02/2009

Electronic Signature of Signing Officer or Director

Date