

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706357

FILED  
Apr 30, 2012  
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 ( )**

**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: DP  
Name: MANCHE, SHERYL  
Address: 165 NEW SMYRNA BLVD  
City-St-Zip: OSTEEN, FL 32764

Title: DVP  
Name: GEISLER, ANN  
Address: 165 NEW SMYRNA BLVD  
City-St-Zip: OSTEEN, FL 32764

Title: T  
Name: SCHIFFERMILLER, RUTH  
Address: 165 NEW SMYRNA BLVD  
City-St-Zip: OSTEEN, FL 32764

Title: S  
Name: GRAVES, JANIS  
Address: 165 NEW SMYRNA BLVD  
City-St-Zip: OSTEEN, FL 32764

Title: D  
Name: GAMELL, DAVID  
Address: 165 NEW SMYRNA BLVD  
City-St-Zip: OSTEEN, FL 32764

Title: DA  
Name: CLEMENS, MICHAEL  
Address: 165 NEW SMYRNA BLVD  
City-St-Zip: OSTEEN, FL 32764

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL CLEMENS

DA

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date