

2007 'FOR PROFIT CORPORATION' ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90031 002 ***150.00

DOCUMENT # J39761

1. Entity Name
OTTER SPRINGS RESORT, INC.



Principal Place of Business
**9301 W FT ISLAND TR
CRYSTAL RIVER, FL 34429 US**

Mailing Address
**5803 GREENVILLE
DALLAS, TX 75206 US**

60006243

2. Principal Place of Business - No P.O. Box #
5803 Greenville Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Dallas TX

City & State

Zip
75206

Country
USA

Zip

Country

01102007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2732950

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GREEN, W.T.
9030 WEST FORT ISLAND TRAIL
BUILDING 5
CRYSTAL RIVER, FL 34429**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **VS** ☐ Delete
NAME **MOSER, PAUL**
STREET ADDRESS **5803 GREENVILLE AVE.**
CITY-ST-ZIP **DALLAS, TX**

TITLE **T** ☐ Delete
NAME **STOESSNER, KENNETH**
STREET ADDRESS **5803 GREENVILLE AVE.**
CITY-ST-ZIP **DALLAS, TX**

TITLE **D** ☐ Delete
NAME **VESTER, HUGHES**
STREET ADDRESS **5803 GREENVILLE AV**
CITY-ST-ZIP **DALLAS, TX 75206**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #