

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000089

1. Entity Name

**OLDSMAR TOWN CENTER PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business

**12645 RACE TRACK ROAD
TAMPA, FL 33626**

Mailing Address

**PO BOX 1175
OLDSMAR, FL 34677**



02012005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3620084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MEARS, RANDY
12645 RACE TRACK ROAD
TAMPA, FL 33626**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
WHEELER, KATHY
12645 RACE TRACK ROAD
TAMPA, FL 33626**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MEARS, RANDY
12645 RACE TRACK ROAD
TAMPA, FL 33626**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STT
SIPERA, JON
12645 RACE TRACK ROAD
TAMPA, FL 33626**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000326463
04/23/05-80057-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-05

Date

813-854-4486

Daytime Phone #