


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 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 OLSMAR, FL 34677
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DO NOT WRITE IN THIS SPACE



03242006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3620084	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MEARS, RANDY 12645 RACE TRACK ROAD TAMPA, FL 33626
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**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 reappointing) **DATE** _____

**Filing Fee is \$81.25
Due by May 1, 2006**

**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
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04/29/06-80223-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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 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 (s)ka empowered.

SIGNATURE Kathy Wheeler Vice President **4-11-06** **813-854-4486**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #