

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000089

FILED
Apr 20, 2009
Secretary of State

Entity Name: OLDSMAR TOWN CENTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12645 RACE TRACK ROAD
TAMPA, FL 33626

New Principal Place of Business:

3780 TAMPA ROAD SUITE B 201
OLDSMAR, FL 34677

Current Mailing Address:

PO BOX 1175
OLSMAR, FL 34677

New Mailing Address:

3780 TAMPA ROAD SUITE B 201
OLSMAR, FL 34677

FEI Number: 90-0320327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FORESIGHT, PROPERTY SERVICE
3780 TAMPA ROAD SUITE B 201
OLDSMAR, FL 34677 US

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: TRIFON HOUVARDAS

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPT () Delete
Name: WHEELER, KATHY
Address: 12645 RACE TRACK ROAD
City-St-Zip: TAMPA, FL 33626

Title: DP (X) Delete
Name: MEARS, RANDY
Address: 12645 RACE TRACK ROAD
City-St-Zip: TAMPA, FL 33626

Title: STT (X) Delete
Name: SIPERA, JON
Address: 12645 RACE TRACK ROAD
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NICK, PAPPAS
Address: 4009 TAMPA ROAD
City-St-Zip: OLDSMAR, FL 34677

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TRIFON HOUVARDAS

MGRM

04/20/2009

Electronic Signature of Signing Officer or Director

Date