NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State
09-11-2002 90118 005 ****61.25

B0136202

DOCUMENT #

1. Entity Name
N01000003459
Osceola Woods Homeowners Assoc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
398 NE 6th Ave	1930 Commerce Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2
City & State: Delray Beach FL	City & State: Jupiter FL
Zip: 33483 Country: USA	Zip: 33458 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Bristol Management Svc.
Street Address (P.O. Box Number is Not Acceptable): 1930 Commerce Ln #1
City: Jupiter FL Zip Code: 33458

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.

SIGNATURE: X Steve Cuglis 8-27-2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
D/P	Timothy L Hernandez, 398 NE 6th Ave, Delray Bch, FL 33483
D/VP	Sam Curcio, 398 NE 6th Ave, Delray Bch FL 33483
S/T	Gabrielle Ortner, 398 6th Ave, Delray Bch FL 33483
D	Oscar Sugranes, 398 NE 6th Ave, Delray Bch, FL 33483

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Steve Cuglis 8-27-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #