## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 06, 2005 8:00 am Secretary of State DOCUMENT # N01000003459 1. Entity Name 04-06-2005 90114 009 \*\*\*\*61.25 OSCEOLA WOODS HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 398 NE 6TH AVE. DELRAY BEACH FL 33483 1930 COMMERCE LN 40048694 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEi Number Applied For 55-0795083 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRISTOL MANAGEMENT SERV Street Address (P.O. Box Number is Not Acceptable) 1930 COMMERCE LN PL JUPITER FL 33458 Zip Code FI 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 \$61.25 Make Check Payable to Election Campaign Financing \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 2 6 189 W OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DΡ PResideNi TITLE JAMES MAHREM JAMES MAHREM 135-W. INDIAN CROSSING 135-W. FL 33458 Delete ☐ Addition HERNANDEZ, TIMOTHY L NAME 398 NE 6TH AVE. STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33483** CHTY-ST-7IP CITY-ST-ZIP VICE President TITLE VZ Delete SUGRANES, OSCAR Victoria moi NAME NAME 398 NE 6TH AVE. 163 APALACHE STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33483** CITY-ST-ZIP CITY-ST-7IP REASURE H TITLE TITLE NAME ORTNER, GABRIELLE NAME 398 NE 6TH AVE. STREET ADDRESS STREET ADDRESS CITY - ST- ZIP **DELRAY BEACH FL 33483** CITY-ST-ZIP 76 3345 Khurshid Mohy udd, Whange TITLE Addition Delete CURCIO, SAM NAME 398 NE 6TH AVE. STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33483 Supiter, CITY-ST-7IP CITY-ST-7IP TITLE ☐ Detete TITLE NAME NAME CRUSSING Circle STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP TITLE TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplied ental 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 of 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 attackment with an address, with all other like empowered.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER

SIGNATURE:

FILED