2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 27, 2006 8:00 am Secretary of State DOCUMENT # N01000003459 1. Entity Name 03-27-2006 90266 001 ****61.25 OSCEOLA WOODS HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 398 NE 6TH AVE. DELRAY BEACH FL 33483 1930 COMMERCE LN JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 55-0795083 Not Applicable Zip Country 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 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) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. VICE PRESIDENT 🔀 Delete TOTALE Change TITLE Addition 30 ZANNE RUPKEY MAHEER, JAMES NAME NAME 124 MORNING DEN CIRCLE STREET ADDRESS 135 W. INDIAN CROSSING STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP 33458 CITY-ST-ZIP JUPITER FL UF PRESIDENT PRESIDENT TITLE ☐ Delete TITLE ☐ Addition MORGAN, VICTORIA NAME NAME 163 APALACHEE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition FRIEDMAN, ELIZABETH NAME NAME 106 E. INDIAN CROSSING CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP JUPITER FL 33458 CITY-ST-ZIP SECRETARY TITLE Delete TITLE Change Addition CATHY GOLDSBOROUGH MOHYUDDIN, KHURSHID NAME NAME 894 UNIVERSITY BLUD. 110 MORNING DEN CIRCLE STREET ADDRESS STREET ADDRESS JUPITER FL 33458 JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP DIRECTOR 8 D Delete TITLE **Change** ☐ Addition TITLE KNIGHT, DAVID MAME NAME 145 E. INDIAN CROSING CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplied 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

with all other like empowered.

of the corporation or the recent

SIGNATURE:

ptair 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 histee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11

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