2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N01000003459

Entity Name: OSCEOLA WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

955 SE FEDERAL HIGHWAY
SUITE 202
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

955 SE FEDERAL HIGHWAY
SUITE 202
STUART, FL 34994

New Mailing Address:

FEI Number: 55-0795083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIELDS, ESQ, GARY
4400 PGA BLVD
SUITE 900
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MORGAN, VICTORIA
Address: 163 APALACHEE LANE
City-St-Zip: JUPITER, FL 33458

Title: T ( ) Delete
Name: KATHLEEN, ELIAS
Address: 153 APALACHEE LANE
City-St-Zip: JUPITER, FL 33458

Title: VPS ( ) Delete
Name: GOLDSBOROUGH, CATHY
Address: 894 UNIVERSITY BLVD
City-St-Zip: JUPITER, FL 33458

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DIR (X) Change ( ) Addition
Name: KATHLEEN, ELIAS
Address: 153 APALACHEE LANE
City-St-Zip: JUPITER, FL 33458

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

Title: T ( ) Change (X) Addition
Name: BRUNNER, BRYAN
Address: 106 ARPEICKA LANE
City-St-Zip: JUPITER, FL 33458

Title: DIR ( ) Change (X) Addition
Name: CLAYTON, TERRY
Address: 896 UNIVERSITY BLVD
City-St-Zip: JUPITER, FL 33458

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: HERBERT A. ROSS LCAM LCAM 04/07/2009

Electronic Signature of Signing Officer or Director — Date