

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90855 042 \*\*\*\*70.00

**DOCUMENT # N01000004626**

1. Entity Name

**OSCEOLA POINT OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**415 IOWA AVE  
 LYNN HAVEN FL 32444**

**415 IOWA AVE  
 LYNN HAVEN FL 32444**

2. Principal Place of Business

3. Mailing Address

**OSCEOLA POINT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**101 RUE BOGAGE**

City & State

**LYNN HAVEN FL**

4. FEI Number

**02-0556444**

Applied For

Not Applicable

Zip

Country

**BAY**

Zip

**32444**

Country

**BAY**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALO, SYLVIA ANN  
 415 IOWA AVE  
 LYNN HAVEN FL 32444**

Name **SYLVIA ANN CALO**

Street Address (P.O. Box Number is Not Acceptable)

**OSCEOLA POINT**

**101 RUE BOGAGE**

City

**LYNN HAVEN**

FL

Zip Code

**32444**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-29-02**

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
 NAME **CALO, SYLVIA ANN**  
 STREET ADDRESS **PO BOX 484**  
 CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **CALO, SYLVIA ANN** Address  
 STREET ADDRESS **101 RUE BOGAGE**  
 CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **VD** ☐ Delete  
 NAME **SMITH, MARILYN**  
 STREET ADDRESS **415 IOWA AVE**  
 CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **VD** ☒ Change ☐ Addition  
 NAME **SMITH, MARILYN** Address  
 STREET ADDRESS **101 RUE BOGAGE**  
 CITY-ST-ZIP **LYNN HAVEN, FL 32444**

TITLE **STD** ☐ Delete  
 NAME **CALO, CAROLYN**  
 STREET ADDRESS **415 IOWA AVE**  
 CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **STD** ☒ Change ☐ Addition  
 NAME **CALO, CAROLYN** Address  
 STREET ADDRESS **101 RUE BOGAGE**  
 CITY-ST-ZIP **LYNN HAVEN, FL 32444**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-02**

Date

Daytime Phone #

CR2E037 (9/01)