

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # N01000004626

1. Entity Name
OSCEOLA POINT OWNERS ASSOCIATION, INC.



Principal Place of Business
415 IOWA AVE
LYNN HAVEN, FL 32444

Mailing Address
OSCEOLA POINT
101 RUE BOCAGE
LYNN HAVEN, FL 32444



01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0556444
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CALO, SYLVIA ANN
101 RUE BOCAGE
LYNN HAVEN, FL 32444

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CALO, SYLVIA ANN
STREET ADDRESS	101 RUE BOCAGE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	VD
NAME	SMITH, MARILYN
STREET ADDRESS	101 RUE BOCAGE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	STD
NAME	CALO, CAROLYN
STREET ADDRESS	101 RUE BOCAGE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000191035
01/24/05-80160-001 70.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-05 850-265-2757