

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 A
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
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03202007 No Chg-NP CR2E037 (4/06)

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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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 re-registering) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALO, SYLVIA ANN 101 RUE BOCAGE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, MARILYN 101 RUE BOCAGE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CALO, CAROLYN 101 RUE BOCAGE LYNN HAVEN, FL 32444
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04/10/07-80057-020 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Sylvia Calo Sylvia Calo 3-31-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #