

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 02, 2009
Secretary of State

DOCUMENT# N01000004626

Entity Name: OSCEOLA POINT OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**415 IOWA AVE
LYNN HAVEN, FL 32444**New Principal Place of Business:****Current Mailing Address:**OSCEOLA POINT
101 RUE BOCAGE
LYNN HAVEN, FL 32444**New Mailing Address:**101 RUE BOCAGE
LYNN HAVEN, FL 32444**FEI Number:** 02-0556444**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CALO, SYLVIA ANN
101 RUE BOCAGE
LYNN HAVEN, FL 32444 US**Name and Address of New Registered Agent:**MOODY, JAMES R IV
101 RUE BOCAGE
LYNN HAVEN, FL 32444 US

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: JAMES R MOODY IV

09/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CALO, SYLVIA ANN
Address: 101 RUE BOCAGE
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD () Delete
Name: SMITH, MARILYN
Address: 101 RUE BOCAGE
City-St-Zip: LYNN HAVEN, FL 32444

Title: STD () Delete
Name: CALO, CAROLYN
Address: 101 RUE BOCAGE
City-St-Zip: LYNN HAVEN, FL 32444

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALL, ANTOINETTE
Address: 300 RUE LA ROCHE
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD (X) Change () Addition
Name: RAMOS, VANESSA
Address: 400 RUE LA ROCHE
City-St-Zip: LYNN HAVEN, FL 32444

Title: SD (X) Change () Addition
Name: HAYWORTH, AMY
Address: 3239 COUNTRY CLUB DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: TD () Change (X) Addition
Name: MOODY, JAMES R IV
Address: 101 RUE BOCAGE
City-St-Zip: LYNN HAVEN, FL 32444

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: JAMES R MOODY IV

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09/02/2009

Electronic Signature of Signing Officer or Director

Date