

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004626

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**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:**

101 RUE BOCAGE  
LYNN HAVEN, FL 32444

**New Mailing Address:**

**FEI Number:** 02-0556444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOODY, JAMES R IV  
101 RUE BOCAGE  
LYNN HAVEN, FL 32444 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: PD  
Name: WALL, ANTOINETTE  
Address: 300 RUE LA ROCHE  
City-St-Zip: LYNN HAVEN, FL 32444

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

Title: SD  
Name: ROGERS, VALERIE D  
Address: 100 RUE BOCAGE  
City-St-Zip: LYNN HAVEN, FL 32444

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

I hereby 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 all other like empowered.

**SIGNATURE:** JAMES R MOODY IV

TD

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date