

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003701

FILED
Feb 20, 2009
Secretary of State

Entity Name: OLD COURTHOUSE SQUARE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

23-C OLD COURTHOUSE WAY
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1645
CRAWFORDVILLE, FL 32326 US

New Mailing Address:

FEI Number: 20-0596136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, KENNETH L
23-C OLD COURTHOUSE WAY
CRAWFORDVILLE, FL 32327 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 () Delete
Name: KLEIN, KENNETH L
Address: 23-C OLD COURTHOUSE WAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VD () Delete
Name: GOODWIN, BRYANT
Address: 29-C OLD COURTHOUSE WAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: SD () Delete
Name: GROOM, BRIDGET
Address: 24-A OLD COURTHOUSE WAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TD () Delete
Name: KLEIN, CLAUDIA M
Address: 23-C OLD COURTHOUSE WAY
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: GROOM, BRIDGET
Address: 901 BUCKSAW PL
City-St-Zip: LONGWOOD, FL 32750

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KENNETH L KLEIN

PD

02/20/2009

Electronic Signature of Signing Officer or Director

Date