

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008322

FILED  
Apr 26, 2005  
Secretary of State

**Entity Name:** OSCEOLA GROVES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1011 NORTH MAIN STREET  
SUITE 6  
KISSIMMEE, FL 34744 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 421910  
KISSIMMEE, FL 34742 US

**New Mailing Address:**

**FEI Number:** 11-3704162

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

VEAL, BARNEY  
1011 NORTH MAIN STREET  
SUITE 6  
KISSIMMEE, FL 34744 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: P/D ( ) Delete  
Name: VEAL, BARNEY  
Address: 2950 OLD CANOE CREEK ROAD  
City-St-Zip: ST CLOUD, FL 34772 US

Title: VP/D ( ) Delete  
Name: VEAL, CAROLE  
Address: 2950 OLD CANOE CREEK ROAD  
City-St-Zip: ST CLOUD, FL 34772 US

Title: ST/D ( ) Delete  
Name: SIERING, MARILYN  
Address: 3505 HARBOR ROAD  
City-St-Zip: KISSIMMEE, FL 34746 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARILYN SIERING

STD

04/26/2005

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

\_\_\_\_\_  
Date