2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008322

FILED May 01, 2006 Secretary of State

Entity Name: OSCEOLA GROVES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1011 NORTH MAIN STREET 1100 NORTH MAIN STREET

SUITE 6 SUITE B

KISSIMMEE, FL 34744 US KISSIMMEE, FL 34744 US

Current Mailing Address: New Mailing Address:

P O BOX 421910 P.O.BOX 701323

KISSIMMEE, FL 34742 US ST CLOUD, FL 34770 US

FEI Number: 11-3704162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

VEAL, BARNEY ATTKISSON, FRANK 1011 NORTH MAIN STREET 1100 N. MAIN STREET

SUITE 6 SUITE B

KISSIMMEE, FL 34744 US KISSIMMEE, FL 34744 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: ATTKISSON FRANK 05/01/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P/D () Delete Title: P.D (X) Change () Addition

Name:VEAL, BARNEYName:ATTKISSON, FRANKAddress:2950 OLD CANOE CREEK ROADAddress:1100 NORTH MAIN STREETCity-St-Zip:ST CLOUD, FL 34772 USCity-St-Zip:KISSIMMEE, FL 34744 US

Title: VP/D (X) Delete Title: () Change () Addition

 Name:
 VEAL, CAROLE
 Name:

 Address:
 2950 OLD CANOE CREEK ROAD
 Address:

 City-St-Zip:
 ST CLOUD, FL 34772 US
 City-St-Zip:

Title: ST/D (X) Delete Title: () Change () Addition

 Name:
 SIERING, MARILYN
 Name:

 Address:
 3505 HARBOR ROAD
 Address:

 City-St-Zip:
 KISSIMMEE, FL 34746 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ATTKISSON FRANK P.D 05/01/2006