2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003215

FILED Apr 21, 2008 Secretary of State

Entity Name: OSCEOLA LAKEFRONT PROPERTY OWNERS ASSOCIATION INC

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

C/O 19720 LAKE OSCEOLA LANE 13730 PLAINVIEW RD ODESSA, FL 33556 ODESSA, FL 33556

Current Mailing Address: New Mailing Address:

 C/O 19720 LAKE OSCEOLA LANE
 13730 PLAINVIEW RD

 ODESSA, FL 33556
 ODESSA, FL 33556

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

PIKE, TIMOTHY B 13730 PLAINVIEW RD. ODESSA, FL 33556 US

OFFICERS AND DIRECTORS:

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

Electronic Olynature of Registered

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PRES () Delete Title: PRES (X) Change () Addition

 Name:
 CREECH, EDMOND A
 Name:
 PATTY, BENJAMIN

 Address:
 19720 LAKE OSCEOLA LANE
 Address:
 19718 LAKE OSCEOLA LANE

 City-St-Zip:
 ODESSA, FL 33556 US
 City-St-Zip:
 ODESSA, FL 33556 US

Title: VP () Delete Title: SEC (X) Change () Addition

Name: PATTY, BENJAMIN Name: PERILLO, CAROL
Address: 19718 LAKE OSCEOLA LANE Address: 19628 LAKE OSCEOLA LANE

Address: 19/18 LAKE OSCEOLA LANE Address: 19628 LAKE OSCEOLA LANE
City-St-Zip: ODESSA, FL 33556 US City-St-Zip: ODESSA, FL 33556 US

Title: SEC (X) Delete Title: () Change () Addition

 Name:
 PERILLO, CÁROL
 Name:

 Address:
 19628 LAKE OSCEOLA LN.
 Address:

 City-St-Zip:
 ODESSA, FL 33556 US
 City-St-Zip:

Title: TRES (X) Delete Title: () Change () Addition

 Name:
 PERILLO, CAROL
 Name:

 Address:
 19628 LAKE OSCEOLA LN.
 Address:

 City-St-Zip:
 ODESSA, FL 33556 US
 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: CAROL PERILLO SEC 04/21/2008