

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001967

FILED
Mar 13, 2009
Secretary of State

Entity Name: OSCEOLA COUNTY LANDLORDS ASSOCIATION INC

Current Principal Place of Business:

1345 BEECHWOOD DR.
ST. CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

1345 BEECHWOOD DR.
ST. CLOUD, FL 34772

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, THOMAS E
1345 BEECHWOOD DR.
ST. CLOUD, FL 34772 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 () Delete
Name: LONG, THOMAS E
Address: 1345 BEECHWOOD DR.
City-St-Zip: ST. CLOUD, FL 34772

Title: VP () Delete
Name: DIAZ DE ARCE, DAVID
Address: 2185 JAMES DR.
City-St-Zip: SAINT CLOUD, FL 34771

Title: T () Delete
Name: FISCHER, JOHN
Address: 4515 PINE LAKE DR.
City-St-Zip: SAINT CLOUD, FL 34769

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 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: THOMAS E. LONG

PRES

03/13/2009

Electronic Signature of Signing Officer or Director

Date