

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90019 033 ****61.25

DOCUMENT # N05000008480

1. Entity Name
**OSCEOLA BROWNSTONES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**1801 COOK AVE
ORLANDO, FL 32806**

Mailing Address

**1801 COOK AVE
ORLANDO, FL 32806**

20100100



04242008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3551924

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ASHER, STEVEN D
1801 COOK AVE
ORLANDO, FL 32806**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CURTS, NATALIE
STREET ADDRESS	465 E. SOUTH STREET #5
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	VPD
NAME	PEARSON, RICHARD
STREET ADDRESS	460 E. JACKSON STREET #1
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	STD
NAME	SUZANNE, GILBERT
STREET ADDRESS	460 E. JACKSON STREET #3
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	TD
NAME	CIANFROGNA, LOUIS
STREET ADDRESS	465 E. SOUTH STREET #7
CITY-ST-ZIP	ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD PEARSON

Date

Daytime Phone #

4/29/08

407-650-0202