

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004138

FILED  
Apr 15, 2008  
Secretary of State

**Entity Name:** OTTER CREEK PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

17922 ARBOR GREENE DRIVE  
TAMPA, FL 33647 US

**New Principal Place of Business:**

**Current Mailing Address:**

17922 ARBOR GREEN DRIVE  
TAMPA, FL 33647 US

**New Mailing Address:**

**FEI Number:** 20-5349632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARTZ, HARRY A  
17922 ARBOR GREENE DRIVE  
TAMPA, FL 33647 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: DP ( ) Delete  
Name: ARTZ, HARRY A  
Address: 17922 ARBOR GREENE DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: DV ( ) Delete  
Name: MUNDEN, FREDERICK I  
Address: 2702 PAW PAW CAY  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: DST ( ) Delete  
Name: ARTZ, DEBORAH  
Address: 17922 ARBOR GREENE DRIVE  
City-St-Zip: TAMPA, FL 33647

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

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

Title: DV (X) Change ( ) Addition  
Name: ALLEN, TRACY  
Address: 2871 SW CR 347  
City-St-Zip: CEDAR KEY, FL 32625

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: HARRY ARTZ

DP

04/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date