## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000004138

TI FILED
Jun 24, 2009
Secretary of State

Entity Name: OTTER CREEK PROPERTY OWNERS ASSOCIATION, INC.

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

17922 ARBOR GREENE DRIVE TAMPA, FL 33647 US

Current Mailing Address: New Mailing Address:

17922 ARBOR GREENE DRIVE TAMPA, FL 33647 US

FEI Number: 20-5349632 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ARTZ, HARRY A 17922 ARBOR GREENE DRIVE TAMPA, FL 33647 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:

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: ( ) Change ( ) Addition

Name: ARTZ, HARRY A Name:
Address: 17922 ARBOR GREENE DRIVE Address:

Address: 17922 ARBON GREENE DRIVE Address:
City-St-Zip: TAMPA, FL 33647 City-St-Zip:

Title: DV ( ) Delete Title: DV (X) Change ( ) Addition Name: ALLEN, TRACY Name: MUNDEN, FREDERICK

Address: 2871 SW CR 347 Address: 11280 SW GLENGARRY CT.
City-St-Zip: CEDAR KEY, FL 32625 City-St-Zip: PT. ST. LUCIE, FL 34987

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

Name: ARTZ, DEBORAH Name: ARTZ, DEBORAH M

 Address:
 17922 ARBOR GREENE DRIVE
 Address:
 17922 ARBOR GREENE DRIVE

 City-St-Zip:
 TAMPA, FL 33647
 City-St-Zip:
 TAMPA, FL 33647

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 A. ARTZ DP 06/24/2009