

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007843

FILED
Jul 05, 2007
Secretary of State

Entity Name: OSBORNE OAKS UNIT II HOMEOWNERS ASSOC.

Current Principal Place of Business:

5220 S. LOIS AVE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

5220 S. LOIS AVE
TAMPA, FL 33611

New Mailing Address:

FEI Number: 20-5228890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COYLE, LYNDA R
5220 S. LOIS AVE
TAMPA, FL 33611 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: COYLE, LYNDA R PRES
Address: 5220 S. LOIS AVE
City-St-Zip: TAMPA, FL 33611 US

Title: VP () Change (X) Addition
Name: MARTIN, ROBERT J V.P.
Address: 5220 S. LOIS AVE.
City-St-Zip: TAMPA, FL 33611 US

Title: D () Change (X) Addition
Name: CHEANEY-MARTIN, CAROL C D
Address: 5220 S. LOIS AVE
City-St-Zip: TAMPA, FL 33611 US

Title: D () Change (X) Addition
Name: COYLE, JOSEPH G D
Address: 5220 S. LOIS AVE
City-St-Zip: TAMPA, FL 33611 US

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: LYNDA R. COYLE

Electronic Signature of Signing Officer or Director

PRES

07/05/2007

Date