


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90032 003 ****61.25

| | | | | | |
|---|---|--|--|--|--|
| DOCUMENT # N06000008174 | | | |  | |
| 1. Entity Name OSCEOLA GREEN PROPERTY OWNER'S ASSOCIATION, INC. | | | | | |
| Principal Place of Business 180 PELICAN WAY PANACEA, FL 32346 | | | Mailing Address 180 PELICAN WAY PANACEA, FL 32346 | | |
| 2. Principal Place of Business - No P.O. Box # 14860 East Bluff Road | | 3. Mailing Address 14860 East Bluff Rd | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Alpharetta, GA | | City & State Alpharetta, GA | | 4. FEI Number 20-5051304 | |
| Zip 30004 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BROWN, JOSHUA E 180 PELICAN WAY PANACEA, FL 32346 | | | 7. Name and Address of New Registered Agent Name <u>Roy Schottenfeld Josh Brown</u> Street Address (P.O. Box Number is Not Acceptable) <u>14860 East Bluff Road 180 Pelican Way</u> City <u>Alpharetta, GA Panacea</u> FL Zip Code <u>32346</u> | | |
| 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 <u>Josh Brown</u> / <u>Roy Schottenfeld</u> DATE <u>1-27-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES SCHOTTENFELD, ROY S MD 14860 EAST BLUFF ROAD ALPHARETTA, GA 30004 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>Roy S Schottenfeld</u> | | | DATE <u>1-27-08</u> DAYTIME PHONE # <u>(770) 343-8675</u> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>DATE DAYTIME PHONE #</small> | | |