

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009586

FILED
Jul 07, 2009
Secretary of State

Entity Name: OSCEOLA CENTER CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

240 SOUTH PARK CIRCLE EAST
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

665 STATE ROAD 207
SUITE 102
ST. AUGUSTINE, FL 32084

Current Mailing Address:

240 SOUTH PARK CIRCLE EAST
ST AUGUSTINE, FL 32086

New Mailing Address:

665 STATE ROAD 207
SUITE 102
ST. AUGUSTINE, FL 32084

FEI Number: 20-8710076 **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:

KOUFAS, SHARON
240 SOUTH PARK CIRCLE EAST
ST AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

KOUFAS, SHARON
665 STATE ROAD 207
SUITE 102
ST AUGUSTINE, FL 32084 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: _____

07/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARATHE, SHRIRAM
Address: 240 SOUTH PARK CIRCLE EAST
City-St-Zip: ST AUGUSTINE, FL 32086

Title: VPD () Delete
Name: MARATHE, KAREN
Address: 240 SOUTH PARK CIRCLE EAST
City-St-Zip: ST AUGUSTINE, FL 32086

Title: STD () Delete
Name: KOUFAS, SHARON
Address: 240 SOUTH PARK CIRCLE EAST
City-St-Zip: ST AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARATHE, SHRIRAM
Address: 665 STATE ROAD 207
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VPD (X) Change () Addition
Name: MARATHE, KAREN
Address: 665 STATE ROAD 207
City-St-Zip: ST AUGUSTINE, FL 32084

Title: STD (X) Change () Addition
Name: KOUFAS, SHARON
Address: 665 STATE ROAD 207
City-St-Zip: ST AUGUSTINE, FL 32084

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: SHRIRAM MARATHE

PD

07/07/2009

Electronic Signature of Signing Officer or Director

Date