

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**

DOCUMENT# N06000009586

**Apr 25, 2012
Secretary of State****Entity Name:** OSCEOLA CENTER CONDOMINIUMS ASSOCIATION, INC.**Current Principal Place of Business:**665 STATE ROAD 207
SUITE 102
ST. AUGUSTINE, FL 32084**New Principal Place of Business:**1740 TREE BOULEVARD
SUITE 115
ST. AUGUSTINE, FL 32084**Current Mailing Address:**665 STATE ROAD 207
SUITE 102
ST. AUGUSTINE, FL 32084**New Mailing Address:**1740 TREE BOULEVARD
SUITE 115
ST. AUGUSTINE, FL 32084

FEI Number: 20-8710076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:KOUFAS, SHARON
665 STATE ROAD 207
SUITE 102
ST AUGUSTINE, FL 32084 US**Name and Address of New Registered Agent:**HUDGINS, ROBERT
1740 TREE BOULEVARD
SUITE 115
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: ROBERT L. HUDGINS

04/25/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BLAY, TERRI
Address: 1740 TREE BLVD., SUITE 115
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: V/P/T
Name: WARD, RENEE
Address: 1740 TREE BLVD., SUITE 115
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S
Name: SAIKALY, BASHAR
Address: 1740 TREE BLVD., SUITE 115
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: TERRI BLAY

P

04/25/2012

Electronic Signature of Signing Officer or Director

Date