

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 04, 2012
Secretary of State

DOCUMENT# N06000009586

Entity Name: OSCEOLA CENTER CONDOMINIUMS ASSOCIATION, INC.**Current Principal Place of Business:**1740 TREE BOULEVARD
SUITE 115
ST. AUGUSTINE, FL 32084**New Principal Place of Business:**1750 TREE BOULEVARD
SUITE 7
ST. AUGUSTINE, FL 32084**Current Mailing Address:**1740 TREE BOULEVARD
SUITE 115
ST. AUGUSTINE, FL 32084**New Mailing Address:**1750 TREE BOULEVARD
SUITE 7
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:**HUDGINS, ROBERT
1740 TREE BOULEVARD
SUITE 115
ST. AUGUSTINE, FL 32084 US**Name and Address of New Registered Agent:**HUDGINS, ROBERT
1750 TREE BOULEVARD
SUITE 7
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:

09/04/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** P
Name: BLAY, TERRI
Address: 1750 TREE BLVD., SUITE 7
City-St-Zip: ST. AUGUSTINE, FL 32084**Title:** VP/T
Name: WARD, RENEE
Address: 1750 TREE BLVD., SUITE 7
City-St-Zip: ST. AUGUSTINE, FL 32084**Title:** S
Name: SAIKALY, BASHAR
Address: 1750 TREE BLVD., SUITE 7
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: R. L. HUDGINS

CAM

09/04/2012

Electronic Signature of Signing Officer or Director_____
Date