

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003930

FILED  
Feb 23, 2009  
Secretary of State

**Entity Name:** OLIVIA'S GARDEN CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

108 HAWKINS RD. UNIT D  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

108 HAWKINS RD.  
UNIT F  
FORT WALTON BEACH, FL 32547

**Current Mailing Address:**

108 HAWKINS RD.  
UNIT D  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

108 HAWKINS RD.  
UNIT F  
FORT WALTON BEACH, FL 32547

FEI Number: 35-2297728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OSTEEN, KYLE  
108 HAWKINS RD.  
UNIT D  
FORT WALTON BEACH, FL 32547 US

**Name and Address of New Registered Agent:**

MCLAIN, JACQUELINE A MRS.  
108 HAWKINS RD.  
UNIT F  
FORT WALTON BEACH, FL 32547 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: JACQUELINE MCLAIN

02/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D&P ( ) Delete  
Name: OSTEEN, KYLE  
Address: 108 HAWKINS RD. UNIT D  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VP ( ) Delete  
Name: STEELE, STEVE  
Address: 108 HAWKINS RD. UNIT B  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: S&T ( ) Delete  
Name: MCLAIN, ASHLEY  
Address: 108 HAWKINS RD. UNIT F  
City-St-Zip: FORT WALTON BEACH, FL 32547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D&P (X) Change ( ) Addition  
Name: OSTEEN, KYLE J  
Address: 108 HAWKINS RD. UNIT F  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S&T (X) Change ( ) Addition  
Name: MCLAIN, JACQUELINE A MRS  
Address: 108 HAWKINS RD. UNIT F  
City-St-Zip: FORT WALTON BEACH, FL 32547

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: JACQUELINE MCLAIN

S&T

02/23/2009

Electronic Signature of Signing Officer or Director

Date