

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005717

FILED  
Feb 20, 2008  
Secretary of State

**Entity Name:** OSCEOLA TOWN PARK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

523 13TH STREET  
ST. CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

523 13TH STREET  
ST. CLOUD, FL 34769

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

D. ANDREW SMITH, III  
111 S. MAITLAND AVENUE  
MAITLAND, FL 32751 US

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

WHITE, SAM  
523 13TH STREET  
ST. CLOUD, FL 34769 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: SAM WHITE

02/20/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WHITE, SAM  
Address: 523 13TH STREET  
City-St-Zip: ST. CLOUD, FL 34769

Title: VT ( ) Delete  
Name: FORTNER, JIMMY  
Address: 523 13TH STREET  
City-St-Zip: ST. CLOUD, FL 34769

Title: S ( ) Delete  
Name: FORTNER, ROBERT M  
Address: 523 13TH STREET  
City-St-Zip: ST. CLOUD, FL 34769

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

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

Title: VT (X) Change ( ) Addition  
Name: FORTNER, JIMMIE  
Address: 523 13TH STREET  
City-St-Zip: ST. CLOUD, FL 34769

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

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: SAM WHITE

P

02/20/2008

Electronic Signature of Signing Officer or Director

Date