

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005717

FILED
Sep 01, 2009
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:

519 13TH STREET
ST. CLOUD, FL 34769

Current Mailing Address:

523 13TH STREET
ST. CLOUD, FL 34769

New Mailing Address:

519 13TH STREET
ST. CLOUD, FL 34769

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

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

Name and Address of New Registered Agent:

WHITE, SAM
519 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

09/01/2009

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, JIMMIE
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: P (X) Change () Addition
Name: WHITE, SAM
Address: 519 13TH STREET
City-St-Zip: ST. CLOUD, FL 34769

Title: VT (X) Change () Addition
Name: FORTNER, JIMMIE
Address: 519 13TH STREET
City-St-Zip: ST. CLOUD, FL 34769

Title: S (X) Change () Addition
Name: FORTNER, ROBERT M
Address: 519 13TH STREET
City-St-Zip: ST. CLOUD, FL 34769

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

09/01/2009

Electronic Signature of Signing Officer or Director

Date