

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005535

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** OSCEOLA CENTER COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

49 SW FLAGLER AVE  
SUITE #201  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

49 SW FLAGLER AVE  
SUITE #201  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 30-0602649

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TWOHEY, CHRISTOPHER J ESQ  
844 EAST OCEAN BLVD STE A  
STUART, FL 34994 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DPT  
**Name:** DRESSLER, BRADLEY P  
**Address:** 49 SW FLAGLER AVE  
**City-St-Zip:** STUART, FL 34994

**Title:** DVT  
**Name:** PAWSAT-DRESSLER, ANNE  
**Address:** 49 SW FLAGLER AVE  
**City-St-Zip:** STUART, FL 34994

**Title:** DST  
**Name:** HANRAHAN, HELEN  
**Address:** 49 SW FLAGLER AVE  
**City-St-Zip:** STUART, FL 34994

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:** BRADLEY P DRESSLER

DPT

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date