

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90045 045 \*\*\*\*61.25

**DOCUMENT # N09284**

1. Entity Name

OSCEOLA MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

11825 AZTEC LANE  
EVERETTE NAGELHOAT  
NEW PORT RICHEY FL 34654  
US

Mailing Address

DOROTHY RUPPEL  
11830 AZTEC LN  
NEW PORT RICHEY FL 34654-1319  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2541944

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAGLEHOUT, EVERETTE  
11825 AZTEC LANE  
NEW PORT RICHEY FL 34654

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MONROE, ORVAL**  
STREET ADDRESS **1180 AZTEC LANE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **V** ☐ Delete  
NAME **RUPPEL, DOROTHY**  
STREET ADDRESS **11830 AZTEC LN**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34654-1319**

TITLE **ST** ☐ Delete  
NAME **RODGERS, PHYLLIS**  
STREET ADDRESS **9830 HOPI LN**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **BD** ☐ Delete  
NAME **NAGELHOWT, LILIAN**  
STREET ADDRESS **11844 PIUTE LANE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **BD** ☐ Delete  
NAME **HANK, GERTRUDE**  
STREET ADDRESS **11821 CREE LANE**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **BD** ☐ Delete  
NAME **BELINSKI, RUTH**  
STREET ADDRESS **11825 INDIAN DR**  
CITY-ST-ZIP **NEWPORT RICHEY FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dorothy M. Ruppel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-17-04*  
Date

Daytime Phone #