



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90296 024 ****61.25

DOCUMENT # N09284 1. Entity Name OSCEOLA MOBILE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 11825 AZTEC LANE EVERETT NAGELHOUT 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 Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address ETHEL MILLER Suite, Apt. #, etc. 11824 AZTEC LN City & State NEW PORT RICHEY, FL Zip Country 34654-1319 US			
4. FEI Number 59-2541944				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAGLEHOUT, EVERETT 11825 AZTEC LANE NEW PORT RICHEY, FL 34654			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COX, RAY E 11834 ZTEC LANE NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORMA SACCO 11841 AZTEC LN. NEW PORT RICHEY, FL. 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUPPEL, JACK 11830 AZTEC LN NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ETHEL MILLER 11824 AZTEC LN. NEW PORT RICHEY, FL. 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RUPPEL, DOROTHY 11830 AZTEC LANE NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD LILLIAN NAGELHOUT 11825 AZTEC LN. NEW PORT RICHEY, FL. 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD RODGERS, PHYLLIS 9830 HOPI LANE NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD HANK, GERTRUDE 11821 CREE LANE NEW PORT RICHEY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD BELINSKI, RUTH 11825 INDIAN DR NEWPORT RICHEY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Ray E. Cox</u> RAY E. COX - PRESIDENT 4-5-06 727-861-3936 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					