

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09284

FILED
Jan 13, 2009
Secretary of State

Entity Name: OSCEOLA MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11825 AZTEC LANE
EVERETT NAGELHOUT
NEW PORT RICHEY, FL 34654 US

New Principal Place of Business:

Current Mailing Address:

ETHEL MILLER
11824 AZTEC LN
NEW PORT RICHEY, FL 346541319 US

New Mailing Address:

FEI Number: 59-2541944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAGLEHOUT, EVERETT
11825 AZTEC LANE
NEW PORT RICHEY, FL 34654 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: V () Delete
Name: SACCO, NORMA
Address: 11841 AZTEC LN
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: ST () Delete
Name: MILLER, ETHEL
Address: 11824 AZTEC LN
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: P () Delete
Name: COX, RAY E
Address: 11834 AZTEC LANE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: BD () Delete
Name: RODGERS, PHYLLIS
Address: 9830 HOPI LANE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: BD () Delete
Name: HANK, GERTRUDE
Address: 11821 CREE LANE
City-St-Zip: NEW PORT RICHEY, FL

Title: BD () Delete
Name: BELINSKI, RUTH
Address: 11825 INDIAN DR
City-St-Zip: NEWPORT RICHEY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ETHEL MILLER

ST

01/13/2009

Electronic Signature of Signing Officer or Director

Date