2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N21905

Entity Name: ODESSA STREET NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 4957
SANTA ROSA BCH, FL 32459

New Principal Place of Business:

25 CENTRAL SQUARE
H-2
SANTA ROSA BCH, FL 32459

Current Mailing Address:

P.O. BOX 4957
SANTA ROSA BCH, FL 32459

New Mailing Address:

P.O. BOX 4957
SANTA ROSA BCH, FL 32459 US

FEI Number: 59-2896351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWMAN, RAYMOND F JR.
348 MIRACLE STRIP PARKWAY SW
PARADISE VILLAGE SUITE 7
FORT WALTON BEACH, FL 32548 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: PD ( ) Delete
Name: DOWTER, DAVID
Address: 3509 CRESCENT AVE.
City-St-Zip: DALLAS, TX 75205

Title: SD ( ) Delete
Name: GARCIA, BARBARA
Address: 5665 IMPALA S
City-St-Zip: ATHENS, TX 75752

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DOWLER, DAVID
Address: 3509 CRESCENT AVE.
City-St-Zip: DALLAS, TX 75205 US

Title: VPD (X) Change ( ) Addition
Name: TRUCKSESS, BERT
Address: 1232 W 58TH STREET
City-St-Zip: KANSAS CITY, MO 64113 US

Title: STD ( ) Change (X) Addition
Name: RICHARDSON, DIANE
Address: 840 MARSEILLES DRIVE
City-St-Zip: ATLANTA, GA 30327 US

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: DAVID DOWLER PD 04/22/2009

Electronic Signature of Signing Officer or Director — Date