

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

DOCUMENT# N21905

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** ODESSA STREET NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2896351

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANCHORS, MICHELLE  
4460 LEGENDARY DR  
SUITE 190  
DESTIN, FL 32541 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: STD  
Name: GARCIA, BARB  
Address: 5665 IMPALA S  
City-St-Zip: ATHENS, TX 75752 US

Title: PD  
Name: TRUCKSESS, BERT  
Address: 1232 W 58TH STREET  
City-St-Zip: KANSAS CITY, MO 64113 US

Title: VPD  
Name: RICHARDSON, DIANE  
Address: 840 MARSEILLES DRIVE  
City-St-Zip: ATLANTA, GA 30327 US

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: BERT TRUCKSESS

PD

02/22/2011

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

\_\_\_\_\_  
Date