

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000699

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: OTS PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4890 WEST KENNEDY BLVD  
SUITE 920  
TAMPA, FL 336091863 US

**New Principal Place of Business:**

**Current Mailing Address:**

4890 WEST KENNEDY BLVD  
SUITE 920  
TAMPA, FL 336091863 US

**New Mailing Address:**

FEI Number: 59-3168760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

F&L CORP.  
THE GREENLEAF BUILDING  
200 LAURA STREET  
JACKSONVILLE, FL 322023510 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: T ( ) Delete  
Name: WILKINSON, J. CURT  
Address: 4890 W. KENNEDY BLVD., SUITE 920  
City-St-Zip: TAMPA, FL 336091863

Title: DP ( ) Delete  
Name: BRAY, JOHN H  
Address: 4890 W. KENNEDY BLVD., SUITE 920  
City-St-Zip: TAMPA, FL 336091863

Title: DST ( ) Delete  
Name: BRAY, MATTHEW J  
Address: 4890 W. KENNEDY BLVD., SUITE 920  
City-St-Zip: TAMPA, FL 336091863

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: WEST, DALE A  
Address: 4890 W. KENNEDY BLVD., SUITE 920  
City-St-Zip: TAMPA, FL 336091863

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 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 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: DALE A WEST

T

04/29/2004

Electronic Signature of Signing Officer or Director

Date