


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90190 011 ****61.25

DOCUMENT # N93000001156 1. Entity Name OSCEOLA WINDMILL POINT HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 3360 WEST VINE ST SUITE 208 KISSIMMEE, FL 34741			Mailing Address 3361 W. VINE ST. SUITE 208 KISSIMMEE, FL 34741		
2. Principal Place of Business - No P.O. Box # 102 PARK PLACE BLVD. Suite, Apt. #, etc. SUITE D-2		3. Mailing Address 102 PARK PLACE BLVD. Suite, Apt. #, etc. SUITE D-2			
City & State KISSIMMEE FLORIDA		City & State KISSIMMEE FLORIDA		4. FEI Number 59-3171468	
Zip 34741		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA ASSOCIATION MANAGEMENT, INC. 3361 W PINE ST, SUITE 208 KISSIMMEE, FL 34741				7. Name and Address of New Registered Agent Name FLORIDA ASSOCIATION MANAGEMENT, INC Street Address (P.O. Box Number is Not Acceptable) 102 PARK PLACE BLVD. SUITE D-2 City KISSIMMEE FL Zip Code 34741	
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 <u><i>Herbert Huhnerkoch</i></u> 2/20/08 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	VPD BAKER, CLYDE E 3190 SANTA CRUZ DRIVE KISSIMMEE, FL 34746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHALEY, CAROL 2409 GULF WINDS CT KISSIMMEE, FL 34746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUHNERKOBCH, HERB 3162 SANTA CRUZ DR. KISSIMMEE, FL 34746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CEPEDA, NELSON 3178 SANTA CRUZ DR KISSIMMEE, FL 34746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CEPEDA, NELSON 3178 SANTA CRUZ DR. KISSIMMEE, FL. 34746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSS, LORI 2401 GULF WINDS COURT KISSIMMEE, FL. 34746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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><i>Herbert Huhnerkoch</i></u> Herbert Huhnerkoch 2-13-08 407-433-2807 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					