

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001156

FILED  
Feb 09, 2010  
Secretary of State

**Entity Name:** OSCEOLA WINDMILL POINT HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

16 W. DAKIN AVENUE  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

102 PARK PLACE BLVD STE D-2  
SUITE 208  
KISSIMMEE, FL 34741

**New Mailing Address:**

16 W. DAKIN AVENUE  
KISSIMMEE, FL 34741

**FEI Number:** 59-3171468

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLORIDA ASSOCIATION MANAGEMENT, INC.  
C/O DOLLIE BOYD  
16 W. DAKIN AVENUE  
KISSIMMEE, FL 34741 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: VPD  
Name: SHOEMAKER, HARRY  
Address: 2418 AUGUSTA WAY  
City-St-Zip: KISSIMMEE, FL 34746

Title: SD  
Name: WHALEY, CAROL  
Address: 2409 GULF WINDS CT  
City-St-Zip: KISSIMMEE, FL 34746

Title: PD  
Name: HUHNERKOCK, HERB  
Address: 3162 SANTA CRUZ DR.  
City-St-Zip: KISSIMMEE, FL 34746

Title: D  
Name: CEPEDA, NELSON  
Address: 3178 SANTA CRUZ DR  
City-St-Zip: KISSIMMEE, FL 34746

Title: TRES  
Name: CROSS, LORI  
Address: 2401 GULF WINDS CT  
City-St-Zip: KISSIMMEE, FL 34746

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: HERB HUHNERKOCK

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02/09/2010

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

\_\_\_\_\_  
Date