# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED AND FILED**
95 MAY -1 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003985 (8).

1. Corporation Name
OSCEOLA LAKEFRONT PROPERTY OWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 13730 PLAINVIEW ROAD<br>ODESSA FL 33556 | 13730 PLAINVIEW ROAD<br>ODESSA FL 33556 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1994
3a. Date of Last Report: 8/15/94
4. FEI Number: 59-3261127 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $60.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 P.O. BOX 363 | 26 P.O. BOX 363 |
| Suite, Apt. #, etc. 22 — | Suite, Apt. #, etc. 27 — |
| City & State 23 ODESSA FL | City & State 28 ODESSA FL |
| Zip 24 33556 / Country 25 HILLSBOROUGH | Zip 29 33556 / Country 30 HILLSBOROUGH |

9. Name and Address of Current Registered Agent

PIKE, TIMOTHY B
13730 PLAINVIEW ROAD
ODESSA FL 33556

10. Name and Address of New Registered Agent

31 Name: DOUG KNOST
32 Street Address (P.O. Box Number is Not Acceptable)
33: 19923 GUNN HWY
34 City: ODESSA FL 35 Zip Code: 33556

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: DOUG J. KNOST (Douglas J. Knost) 5/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | PIKE, TIMOTHY B | 1.2 NAME | DOUG KNOST | |
| STREET ADDRESS | 13730 PLAINVIEW ROAD | 1.3 STREET ADDRESS | 19923 GUNN HWY | |
| CITY-ST-ZIP | ODESSA FL 33556 | 1.4 CITY-ST-ZIP | ODESSA FL 33556 | |
| TITLE | VD | 2.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | SHELTON, MICHAEL R | 2.2 NAME | FRED SAULS | |
| STREET ADDRESS | 13648 PLAINVIEW ROAD | 2.3 STREET ADDRESS | 19913 GUNN HWY | |
| CITY-ST-ZIP | ODESSA FL 33556 | 2.4 CITY-ST-ZIP | ODESSA FL 33556 | |
| TITLE | STD | 3.1 TITLE | STD | ☒ Change ☐ Addition |
| NAME | KERR, KAREN | 3.2 NAME | DAVID WESTLAKE | |
| STREET ADDRESS | 19632 LAKE OSCEOLA LANE | 3.3 STREET ADDRESS | 19713 GUNN HWY | |
| CITY-ST-ZIP | ODESSA FL 33556 | 3.4 CITY-ST-ZIP | ODESSA FL 33556 | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

REMITTED BY MAY 1

$76.26

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Douglas J. Knost 4/19/95 813-920-2095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DOUG J. KNOST