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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003985 (8)

1. Corporation Name

OSCEOLA LAKEFRONT PROPERTY OWNERS ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

P.O. BOX 363
ODESSA FL 33556
US

P.O. BOX 363
ODESSA FL 33556-0363
US



3. Date Incorporated or Qualified
08/15/1994

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNOST, DOUG
19923 GUNN HWY
ODESSA FL 33556

81 Name
TIMOTHY B PIKE

82 Street Address (P.O. Box Number is Not Acceptable)
13730 PLAINVIEW RD

84 City
ODESSA

85 Zip Code
FL 33556

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Timothy B Pike
Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-12-97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME KNOT, DOUG
STREET ADDRESS 19923 GUNN HWY
CITY-ST-ZIP ODESSA FL 33556

TITLE VD ☐ DELETE
NAME SAULS, FRED
STREET ADDRESS 19913 GUNN HWY
CITY-ST-ZIP ODESSA FL 33556

TITLE STD ☐ DELETE
NAME WESTLAKE, DAVID
STREET ADDRESS 19713 GUNN HWY
CITY-ST-ZIP ODESSA FL 33556

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE 7D ☒ Change ☐ Addition
12 NAME PIKE TIMOTHY
13 STREET ADDRESS 13730 PLAINVIEW RD
14 CITY-ST-ZIP ODESSA FL 33556

21 TITLE VD ☒ Change ☐ Addition
22 NAME HANK FLOYD
23 STREET ADDRESS 19632 LAKE OSCEOLA LN
24 CITY-ST-ZIP ODESSA FL 33556

31 TITLE STD ☐ Change ☐ Addition
32 NAME WESTLAKE DAVID
33 STREET ADDRESS 19713 GUNN HWY
34 CITY-ST-ZIP ODESSA FL 33556

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: *Timothy B Pike*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-97

(813) 920-6581

Date

Daytime Phone # 0046003

CR2E037 (9/96)