

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State

05-17-2001 91316 018 ****61.25

DOCUMENT # N95000005799

1. Entity Name

OSCEOLA STATION HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

121 N OSCEOLA AVE
 CLEARWATER FL 34615

121 N OSCEOLA AVE
 CLEARWATER FL 34615

2. Principal Place of Business

3. Mailing Address

10735 Marianne Lane

10735 Marianne Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New Port Richey FL

New Port Richey FL

Zip

Country

Zip

Country

34654

Pasco

34654

Pasco

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODRUFF, ROGER
 121 N OSCEOLA AVE
 CLEARWATER FL 34615

Name **Joel Foster**

Street Address (P.O. Box Number is Not Acceptable)
10735 Marianne Lane

City **New Port Richey**

FL

Zip Code **34654**

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete
 NAME **WOODRUFF, ROGER**
 STREET ADDRESS **121 N OSCEOLA AVE**
 CITY-ST-ZIP **CLEARWATER FL 33755-4039**

TITLE **DV** ☒ Delete
 NAME **PRIOR, W. KELLY**
 STREET ADDRESS **121 N OSCEOLA AVE**
 CITY-ST-ZIP **CLEARWATER FL 33755-4039**

TITLE **DST** ☒ Delete
 NAME **ARNOLD, LEE E JR**
 STREET ADDRESS **121 N OSCEOLA AVE**
 CITY-ST-ZIP **CLEARWATER FL 33755-4039**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **President** ☐ Change ☒ Addition
 NAME **Joel Foster**
 STREET ADDRESS **10735 Marianne Lane**
 CITY-ST-ZIP **New Port Richey FL 34654**

TITLE **Vice President** ☐ Change ☒ Addition
 NAME **Celia Canada**
 STREET ADDRESS **14650 Bay Blvd #1043**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **Secretary/Treas.** ☐ Change ☒ Addition
 NAME **Jo Anna Reiter**
 STREET ADDRESS **1436 Jennings Dr.**
 CITY-ST-ZIP **Holiday FL 34690**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I 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 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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01

727 8191554

Date

Daytime Phone #

CR2E037 (10/00)