

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90449 041 \*\*\*\*61.25

DOCUMENT # *N 9500000 5799*

1. Entity Name

*OSCEOLA STATION HOMEOWNERS ASSO.  
INC.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*10735 MARIANNE LN*

Suite, Apt. #, etc.

*New Port Richey*

City & State

*FL*

Zip

*34654*

Country

*PASCO*

3. Mailing Address

*10735 MARIANNE LN*

Suite, Apt. #, etc.

*New Port Richey*

City & State

*FL*

Zip

*34654*

Country

*PASCO*

00004306

DO NOT WRITE IN THIS SPACE

4. FEI Number

*59-3454197*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*JOEL FOSTER*

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

*10735 MARIANNE LN*

City

*New Port Richey*

FL

Zip Code

*34654*

**DO NOT WRITE  
IN THIS SPACE**

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, or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25**  
**Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P.D. FOSTER JOEL 10735 MARIANNE LN NEW PORT RICHEY FL 34654</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPD CANADA, CELIA 14650 BAY BLVD #1043 PORT RICHEY FL 34668</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>STD REITER JOANNA 1436 JENNINGS DR HOLIDAY FL 34690</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joel Foster*

*3/23/02 727 819 1554*

CR2E037B (12/01)