2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2005
Secretary of State

DOCUMENT# N95000005799

Entity Name: OSCEOLA STATION HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

10735 MARIANNE LANE
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

10735 MARIANNE LANE
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 59-3454197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, JOEL
10735 MARIANNE LANE
NEW PORT RICHEY, FL 34654 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: PD ( ) Delete
Name: FOSTER, JOEL
Address: 10735 MARIANNE LANE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VPD ( ) Delete
Name: CANADA, CELIA
Address: 14650 BAY BLVD.,#1043
City-St-Zip: PORT RICHEY, FL 34668

Title: STD ( ) Delete
Name: REITER, JO ANNA
Address: 1436 JENNINGS DRIVE
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOEL FOSTER PD 04/24/2005

Electronic Signature of Signing Officer or Director — Date