


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000029358 1. Entity Name OSCEOLA RESORT DEVELOPMENT CORPORATION	
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Principal Place of Business 4646 W. IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34746	Mailing Address 4646 W. IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34746
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DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3629011	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SLAMAN, ROBERT A
4646 W. IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE, FL 34746

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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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SLAMAN, ROBERT A 4646 W. IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD OSBORN, MICHAEL S 4646 W. IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/06/06-80029-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # _____