

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # S59426

1. Entity Name
OSCEOLA RESORT REALTY COMPANY



Principal Place of Business
**4646 W. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34746**

Mailing Address
**4646 W. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34746**



03182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3071939

Applied For
Not Applicable

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 HWY.
KISSIMMEE, FL 34746**

**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. 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000944024
05/23/08-80082-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLAMAN, ROBERT A. 4646 W IRLO BRONSON MEM HWY KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLAR, JR R 4646 W IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OSBORN, MICHAEL S 4646 W IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 or without other like empowered.

SIGNATURE:

Robert A. Slaman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/2008 (407) 396-8800
Date Daytime Phone #