

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003459

Entity Name: OSCEOLA WOODS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**

C/O FIRST SERVICE RESIDENTIAL
11621 KEW GARDENS AVE SUITE 200
PALM BEACH GARDENS , FL 33410

Current Mailing Address:

C/O FIRST SERVICE RESIDENTIAL
11621 KEW GARDENS AVE SUITE 200
PALM BEACH GARDENS , FL 33410 US

FEI Number: 55-0795083**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

FIELDS, ESQ, GARY
4400 PGA BLVD
SUITE 308
PALM BEACH GARDENS, FL 33410 US

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

Officer/Director Detail :

Title TREASURER
Name BRUNNER, BRYAN
Address C/O FIRST SERVICE RESIDENTIAL
 11621 KEW GARDENS AVE SUITE 200

City-State-Zip: PALM BEACH GARDENS FL 33410

Title VP
Name DUDEK, JENNIFER
Address C/O FIRST SERVICE RESIDENTIAL
 11621 KEW GARDENS AVE SUITE 200

City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR
Name PATYKULA, TIMOTHY
Address 11621 KEW GARDENS AVE,
 SUITE 200
City-State-Zip: PALM BEACH GARDENS FL 33410

Title SECRETARY
Name REEDY, MATT
Address C/O FIRST SERVICE RESIDENTIAL
 11621 KEW GARDENS AVE SUITE 200

City-State-Zip: PALM BEACH GARDENS FL 33410

Title PRESIDENT
Name SALATA, EDMUND
Address C/O FIRST SERVICE RESIDENTIAL
 11621 KEW GARDENS AVE SUITE 200

City-State-Zip: PALM BEACH GARDENS FL 33410

I hereby 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 all other like empowered.

SIGNATURE: EDMUND SALATA

PRESIDENT

07/29/2020

Electronic Signature of Signing Officer/Director Detail

Date