2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003459

Entity Name: OSCEOLA WOODS HOMEOWNERS ASSOCIATION, INC.

FILED Apr 23, 2024 **Secretary of State** 4482536954CC

Current Principal Place of Business:

C/O SEA BREEZE COMMUNITY MANAGEMENT SERVICES INC. 4227 NORTHLAKE BOULEVARD

PALM BEACH GARDENS, FL 33410

Current Mailing Address:

C/O SEA BREEZE COMMUNITY MANAGEMENT SERVICES INC. 4227 NORTHLAKE BOULEVARD

PALM BEACH GARDENS, FL 33410 US

FEI Number: 55-0795083 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BACHOVE, ESQ, EVAN 4440 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: EVAN BACHOVE, ESQ 04/23/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title SECRETARY, TREASURER Title **PRESIDENT**

Name CHOINSKI, VICKI Name SALATA, EDMUND

Address C/O SEA BREEZE COMMUNITY Address C/O SEA BREEZE COMMUNITY

MANAGEMENT SERVICES INC. MANAGEMENT SERVICES INC. 4227 NORTHLAKE BOULEVARD 4227 NORTHLAKE BOULEVARD

PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 City-State-Zip: City-State-Zip:

DIRECTOR Title Title VP

PATYKULA, TIMOTHY Name DEPHILLIP, MAX Name

Address C/O SEA BREEZE COMMUNITY Address C/O SEA BREEZE COMMUNITY

> MANAGEMENT SERVICES INC. MANAGEMENT SERVICES INC. 4227 NORTHLAKE BOULEVARD 4227 NORTHLAKE BOULEVARD

PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 City-State-Zip: City-State-Zip:

Title **DIRECTOR**

Name HAMMETT, MONICA

C/O SEA BREEZE COMMUNITY Address

MANAGEMENT SERVICES INC. 4227 NORTHLAKE BOULEVARD

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.

04/23/2024 SIGNATURE: EDMUND SALATA **PRESIDENT**