## **2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003459

Entity Name: OSCEOLA WOODS HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 24, 2025
Secretary of State
0249276005CC

## **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 04/24/2025

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Title SECRETARY Title PRESIDENT

Name NAVICKY, MICHAEL Name CHOINSKI, VICKI

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

MANAGEMENT SERVICES INC.
4227 NORTHLAKE BOULEVARD

MANAGEMENT SERVICES INC.
4227 NORTHLAKE BOULEVARD

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

Title TREASURER Title VP

Name ROSBERG, ERIC Name DEPHILLIP, MAX

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

MANAGEMENT SERVICES INC.
4227 NORTHLAKE BOULEVARD

MANAGEMENT SERVICES INC.
4227 NORTHLAKE BOULEVARD

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

Title DIRECTOR

Name HAMMETT, MONICA

Address C/O SEA BREEZE COMMUNITY

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.

SIGNATURE: VICKI CHOINSKI PRESIDENT 04/24/2025