

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90079 021 ****61.25

0059771

DOCUMENT # 770329

1. Corporation Name

OSPREY OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3943 SE 11 PLACE
#204
CAPE CORAL FL 33904

Mailing Address

CORAL CONDO MGMT INC.
4821 CORONADO PKWY
CAPE CORAL FL 33904
US



2. Principal Place of Business

21 Gulf Side Condo Mgmt

Suite, Apt. #, etc.

22 P.O. Box 1448

City & State

23 Cape Coral FL

Zip

24 33910

Country

25 USA

2a. Mailing Address

26 Gulf Side Condo Mgmt Inc

Suite, Apt. #, etc.

27 P.O. Box 1448

City & State

28 Cape Coral FL

Zip

29 33910

Country

30 U.S.A.

3. Date Incorporated or Qualified

09/21/1983

4. FEI Number

59-2435753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WASSBERG, CURTIS
CORAL CONDO MGMT, INC.
4821 CORONADO PKWY
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

1303 SE. 34th Terrace

84 City

Cape Coral

FL

85 Zip Code

33904

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BERTONI, MARTIN
STREET ADDRESS 3943 SE 11TH PLACE #101
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ DELETE

NAME BERNHARDT, LARSEN
STREET ADDRESS 3943 SE 11TH PLACE
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ DELETE

NAME VIZENA, J.
STREET ADDRESS 3943 SE 11 PLACE
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ DELETE

NAME LANE, NORMA JEAN
STREET ADDRESS 3943 SE 11TH PLACE #105
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ DELETE

NAME ABERLE, LEROY
STREET ADDRESS 3943 SW 11TH PLACE #201
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 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

PRESIDENT

21 Jan 99

Date

941-540-1212

Daytime Phone #

CR2E037 (11/98)