

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N20565

1. Entity Name

OSPREY COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

12876 PLUMMER GRANT ROAD
JACKSONVILLE FL 32258

Mailing Address

12876 PLUMMER GRANT ROAD
JACKSONVILLE FL 32258

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORNE, MARK J.
12876 PLUMMER GRANT ROAD
JACKSONVILLE FL 32258

Name

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

City

FL

Zip Code

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 \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HORNE, MARK J.
STREET ADDRESS 12876 PLUMMER GRANT RD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE STD
NAME HORNE, SUZANNE U.
STREET ADDRESS 12876 PLUMMER GRANT RD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE VPD
NAME GUDZAK, KEVIN
STREET ADDRESS 12852 PLUMMER GRANT RD.
CITY-ST-ZIP JACKSONVILLE FL

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12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark J. Horne MARK J. HORNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-04

Date

(904) 242-5037

Daytime Phone #