

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50298 (1)

1. Corporation Name
OSPREY POINTE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business: 18902 GREEN PINE LANE TAMPA FL 33647 US
Mailing Address: 18902 GREEN PINE LANE TAMPA FL 33647 US

3. Date Incorporated or Qualified: 08/10/1992
3a. Date of Last Report: 03/20/1995

2. Principal Place of Business (21) 2a. Mailing Address (26)

4. FEI Number: 59-3151551
Applied For: Not Applicable

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State (23) City & State (28)

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENE, WM. BRITTON
8709 HUNTER'S GREEN DR.
TAMPA FL 33674

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: _____ DATE: _____
Signature, typed or printed name of registered agent and the corporation (NOTE: Registered Agent signature required when listed below)

12. OFFICERS AND DIRECTORS

13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GREENE, WM. BRITTON	
STREET ADDRESS	8709 HUNTER'S GREEN DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	MCMURTRY, NELL L	
STREET ADDRESS	8709 HUNTER'S GREEN DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLAKLEY, JOHN C.	
STREET ADDRESS	8709 HUNTER'S GREEN DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Wm. Britton Greene*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Wm. Britton Greene, President

3/25/96 (813) 991-4818

CR2E037 (12/95)