


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90024 036 ****70.00

DOCUMENT # N50298					
1. Entity Name OSPREY POINTE NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 16105 N. FLORIDA STE A LUTZ, FL 33549 US			Mailing Address 16105 N. FLORIDA STE A LUTZ, FL 33549 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02252004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3151551	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPIVEY, WILLIAM C 16105 N. FLORIDA STE A LUTZ, FL 33549			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICKLIFFE, JILL		NAME		
STREET ADDRESS	9101 WOODRIDGE RUN		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACCENTE, WILLIAM		NAME		
STREET ADDRESS	17809 RIDGE WAY CT.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, WAYNE		NAME		
STREET ADDRESS	9109 WOODBRIDGE RUN		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, CARROLL		NAME		
STREET ADDRESS	9104 HIGHLAND RIDGE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOCERTY, THOMAS		NAME	TINA GAROVE	
STREET ADDRESS	9147 HIGHLAND RIDGE		STREET ADDRESS	9105 WOODRIDGE RUN DR.	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	TAMPA, FL 33647	
TITLE		<input type="checkbox"/> Delete	TITLE	ATD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	HAYES, MICHAEL	
STREET ADDRESS			STREET ADDRESS	9107 WOODRIDGE RUN	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA FL 33647	
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: <i>Wayne Crawford</i>		WAYNE CRAWFORD		3-5-2004 813-991-4106	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	