

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000005622 (5)**

1. Corporation Name

OSPREY POINTE AT DOLPHIN CAY OWNER'S ASSOCIATION, INC.



Principal Place of Business: **4479 DOLPHIN CAY LANE SOUTH ST. PETERSBURG FL 33711**
Mailing Address: **4479 DOLPHIN CAY LANE SOUTH ST. PETERSBURG FL 33711**

3. Date Incorporated or Qualified: **11/14/1994**
3a. Date of Last Report: **02/17/1995**

2. Principal Place of Business: **21 10033 9th St. N.**
2a. Mailing Address: **26 10033 9th St. N.**

4. FEI Number: **59-3278867**
Applied For: Applied For Not Applicable

Suite, Apt. #, etc.: **22 2nd floor**
27. **2nd floor**

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

City & State: **23 St. Petersburg, FL**
28. **St. Petersburg, FL**

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

Zip: **24 33716** Country: **25 USA**
29. **33716** 30. **USA**

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

9. Name and Address of Current Registered Agent
**CHEEZEM, J. MICHAEL
2201 4TH ST. NORTH
SUITE 200
ST. PETERSBURG FL 33704**

10. Name and Address of New Registered Agent
81 Name: **Brian K. Smith**
82 Street Address (P.O. Box Number is Not Acceptable): **10033 9th St. North**
83: **2nd floor**
84 City: **St. Petersburg** 85 Zip Code: **FL 33716**

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: Brian K. Smith (NOTE: Registered Agent signature required when reinstating) DATE: **4-15-96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input checked="" type="checkbox"/>
NAME	COOPER, GAIL M	
STREET ADDRESS	2201 4TH ST. NORTH, STE. 200	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	DST	<input checked="" type="checkbox"/>
NAME	BEAUMONT, SANDRA D	
STREET ADDRESS	2201 4TH ST. NORTH, STE. 200	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	GAEBLER, MARYELLEN	
STREET ADDRESS	2201 4TH ST. NORTH, STE. 200	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D/P	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	BARRON, ADELE		
1.3 STREET ADDRESS	4801 OSPREY DR. S.		
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33711		
2.1 TITLE	D/VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	WILLIAMS, BEATRIZ		
2.3 STREET ADDRESS	4830 OSPREY DRIVE S.		
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33711		
3.1 TITLE	D/T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	MAYSE, ROBERT		
3.3 STREET ADDRESS	4850 OSPREY DR. S.		
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33711		
4.1 TITLE	D/S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	DINGMAN, HARRY		
4.3 STREET ADDRESS	4830 OSPREY DR. S.		
4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33711		
5.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	BASTYR, DENNIS		
5.3 STREET ADDRESS	4801 OSPREY DR. S.		
5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33711		
6.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	LANDSTRA, ROBERT		
6.3 STREET ADDRESS	4850 OSPREY DR. S.		
6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33711		

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 on an attachment with an address.

SIGNATURE: Adele M Barron DATE: **4/29/96** DAYTIME PHONE #: **813-577-2200**

CR2E037 (12/95)