

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000005622 (5)**  
1. Corporation Name  
**OSPREY POINTE AT DOLPHIN CAY OWNER'S ASSOCIATION, INC.**



Principal Place of Business <b>10033 9TH STREET N. 2ND FLOOR ST. PETERSBURG FL 33716 US</b>	Mailing Address <b>10033 9TH STREET N. 2ND FLOOR ST. PETERSBURG FL 33716 US</b>
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3. Date Incorporated or Qualified <b>11/14/1994</b>		
4. FEI Number <b>59-3278867</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BRIAN K. SMITH  
10033 9TH STREET N.  
2ND FLOOR  
ST. PETERSBURG FL 33716**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BARRON, ADELE	
STREET ADDRESS	4801 OSPREY DRIVE S.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, BEATRIZ	
STREET ADDRESS	4830 OSPREY DRIVE S.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MAYSE, ROBERT	
STREET ADDRESS	4850 OSPREY DRIVE S.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	DINGMAN, HARRY	
STREET ADDRESS	4830 OSPREY DRIVE S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BASTYR, DENNIS	
STREET ADDRESS	4801 OSPREY DRIVE S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANDSTRA, ROBERT	
STREET ADDRESS	4850 OSPREY DRIVE S.	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ike Ross	
1.3 STREET ADDRESS	10033 Ninth St. N. 2 <sup>nd</sup> Fl.	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Pamela Tacy	
2.3 STREET ADDRESS	10033 Ninth St. N. 2 <sup>nd</sup> Fl.	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
3.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	10033 Ninth St. N. 2 <sup>nd</sup> Fl.	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Steven Woodrough	
4.3 STREET ADDRESS	10033 Ninth St. N. 2 <sup>nd</sup> Fl.	
4.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Judy Cornely	
5.3 STREET ADDRESS	10033 Ninth St. N. 2 <sup>nd</sup> Fl.	
5.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	10033 Ninth St. N. 2 <sup>nd</sup> Fl.	
6.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	

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.

SIGNATURE: \_\_\_\_\_ *[Signature]* **APR 29 1998** **913 577 2200**

CR2E037 (10/97)