

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005622

1. Entity Name  
**OSPREY POINTE AT DOLPHIN CAY OWNER'S ASSOCIATION**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90227 019 \*\*\*\*61.25

Principal Place of Business Mailing Address  
**10033 9TH STREET N.** **10033 9TH STREET N.**  
**2ND FLOOR** **2ND FLOOR**  
**ST. PETERSBURG FL 33716** **ST. PETERSBURG FL 33716-3804**  
**US** **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3278867</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BRIAN K. SMITH</b> <b>10033 9TH STREET N.</b> <b>2ND FLOOR</b> <b>ST. PETERSBURG FL 33716</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>ROSS, IKE</b> <b>1033 9TH ST. N. 2ND FL</b> <b>ST PETERSBURG FL 33716</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ike Ross</b> <b>4801 Osprey Pointe #402</b> <b>St. Petersburg, FL 33711</b> <b>(Treasurer)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>TACY, PAMELA</b> <b>10033 9TH ST. N. 2ND FL</b> <b>ST PETERSBURG FL 33716</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Juliana Wright</b> <b>4801 Osprey Pointe #110</b> <b>St. Petersburg, FL 33711</b> <b>(Director)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>MAYSE, ROBERT</b> <b>10033 9TH ST. N. 2ND FL</b> <b>ST PETERSBURG FL 33716</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Kevin Holt</b> <b>4850 Osprey Pointe #403</b> <b>St. Petersburg, FL 33711</b> <b>(Director)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOODROUGH, STEVEN</b> <b>10033 9TH ST. N. 2ND FL</b> <b>ST. PETERSBURG FL 33716</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Steve Woodrough</b> <b>4801 Osprey Pointe #604</b> <b>St. Petersburg, FL 33711</b> <b>(Vice President)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CORNLEY, JUDY</b> <b>10033 9TH ST. N. 2ND FL</b> <b>ST. PETERSBURG FL 33716</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Judy Cornely</b> <b>4830 Osprey Pointe #606</b> <b>St. Petersburg, FL 33711</b> <b>(Secretary)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Robert Landstra</b> <b>4850 Osprey Pointe #406</b> <b>St. Petersburg, FL 33711</b> <input type="checkbox"/> Delete <b>(Director)</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Harry Dingman</b> <b>4830 Osprey Pointe #206</b> <b>St. Petersburg, FL 33711</b> <b>(President)</b>

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: Harry Dingman 03/21/00 (727) 867-6077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)