

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90007 033 ****70.00

DOCUMENT # N98000000131
 1. Entity Name
OSPREY COVE HOMEOWNER'S ASSOCIATION OF HOBE SOUN

Principal Place of Business 209 PHIPPS PLAZA PALM BEACH FL 33480	Mailing Address 209 PHIPPS PLAZA PALM BEACH FL 33480-4241
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0926994	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**JERMAN, RICHARD A
 209 PHIPPS PLAZA
 PALM BEACH FL 33480**

7. Name and Address of New Registered Agent
 Name **BRIAN D. KOSOY**
 Street Address (P.O. Box Number is Not Acceptable) **209 PHIPPS PLAZA**
 City **PALM BEACH, FL** Zip Code **33480**

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 **BRIAN D. KOSOY** DATE **4-20-00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> Delete
NAME JERMAN, RICHARD A	
STREET ADDRESS 209 PHIPPS PLAZA	
CITY-ST-ZIP PALM BEACH FL 33480	
TITLE VSD	<input checked="" type="checkbox"/> Delete
NAME BEAULIEU, DENIS	
STREET ADDRESS 209 PHIPPS PLAZA	
CITY-ST-ZIP PALM BEACH FL 33480	
TITLE TD	<input checked="" type="checkbox"/> Delete
NAME STILLER, DUANE	
STREET ADDRESS 209 PHIPPS PLAZA	
CITY-ST-ZIP PALM BEACH FL 33480	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRIAN D. KOSOY	
STREET ADDRESS 209 PHIPPS PLAZA	
CITY-ST-ZIP PALM BEACH, FL 33480	
TITLE VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREGORY S. MORASS	
STREET ADDRESS 209 PHIPPS PLAZA	
CITY-ST-ZIP PALM BEACH, FL 33480	
TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERRI MALCHESSAULT	
STREET ADDRESS 209 PHIPPS PLAZA	
CITY-ST-ZIP PALM BEACH, FL 33480	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **BRIAN D. KOSOY** DATE **4-20-00** 561-835-1810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR21 (037) (9/99)