

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006347

1. Entity Name

OSPREY COVE (ORANGE COUNTY) HOMEOWNERS ASSOCIATI

Principal Place of Business

4005 MARONDA WAY
SANFORD FL 32771

Mailing Address

4005 MARONDA WAY
SANFORD FL 32771-6503

2. Principal Place of Business

5500 NEW CAMBRIDGE RD

Suite, Apt. #, etc.

3. Mailing Address

5500 NEW CAMBRIDGE RD

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3478698

Applied For

Not Applicable

Zip

32810

Country

ORANGE

Zip

32810

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KATANICH, SAMUEL L
4005 MARONDA WAY
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name RITA SAN CARLO

Street Address (P.O. Box Number is Not Acceptable)

5500 NEW CAMBRIDGE RD

City ORLANDO

FL

Zip Code 32810

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

Rita San Carlo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 23, 2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE STD
NAME KATANICH, SAMUEL L ☒ Delete
STREET ADDRESS 4005 MARONDA WAY
CITY-ST-ZIP SANFORD FL 32771

TITLE PD
NAME LOGSDON, JEFF ☒ Delete
STREET ADDRESS 4005 MARONDA WAY
CITY-ST-ZIP SANFORD FL 32771

TITLE VD
NAME HOWARD, SCOTT C ☒ Delete
STREET ADDRESS 4005 MARONDA WAY
CITY-ST-ZIP SANFORD FL 32771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☐ Change ☒ Addition
NAME ASSAD, DONALD
STREET ADDRESS 5635 NEW CAMBRIDGE RD
CITY-ST-ZIP ORLANDO FL 32810

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME MOTA ROBERT
STREET ADDRESS 5651 NEW CAMBRIDGE RD
CITY-ST-ZIP ORLANDO FL 32810

TITLE SECY / TREAS ☐ Change ☒ Addition
NAME SAN CARLO, RITA
STREET ADDRESS 5500 NEW CAMBRIDGE RD
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

RITA SAN CARLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-2000

DATE

407-595-7262

Daytime Phone #

CR2E037 (9/99)