

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000006347

FILED  
Mar 02, 2003  
Secretary of State

**Entity Name:** OSPREY COVE (ORANGE COUNTY) HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

5500 NEW CAMBRIDGE RD  
ORLANDO, FL 32810

## New Principal Place of Business:

5533 NEW CAMBRIDGE RD  
ORLANDO, FL 32810

## Current Mailing Address:

5500 NEW CAMBRIDGE RD  
ORLANDO, FL 32810

## New Mailing Address:

5533 NEW CAMBRIDGE RD  
ORLANDO, FL 32810

FEI Number: 59-3478698

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAN CARLO, RITA  
5500 NEW CAMBRIDGE RD  
ORLANDO, FL 32810

## Name and Address of New Registered Agent:

TREMAROLI, BRAD P  
5533 NEW CAMBRIDGE RD  
ORLANDO, FL 32810

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: BRAD P. TREMAROLI

03/02/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ASSAD, DONALD G  
Address: 5635 NEW CAMBRIDGE RD  
City-St-Zip: ORLANDO, FL 32810

Title: VPD ( ) Delete  
Name: TREMAROLI, BETHANY  
Address: 5533 NEW CAMBRIDGE RD  
City-St-Zip: ORLANDO, FL 32810

Title: STD ( ) Delete  
Name: SAN CARLO, RITA  
Address: 5500 NEW CAMBRIDGE ROAD  
City-St-Zip: ORLANDO, FL 32810

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: STANFORD, JEFF  
Address: 5539 NEW CAMBRIDGE RD  
City-St-Zip: ORLANDO, FL 32810

Title: VPD (X) Change ( ) Addition  
Name: GAMACHE, THOMAS  
Address: 5524 NEW CAMBRIDGE RD  
City-St-Zip: ORLANDO, FL 32810

Title: STD (X) Change ( ) Addition  
Name: TREMAROLI, BRAD  
Address: 5533 NEW CAMBRIDGE ROAD  
City-St-Zip: ORLANDO, FL 32810

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRAD P. TREMAROLI

TRD

03/02/2003

Electronic Signature of Signing Officer or Director

Date