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Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 754270 (7)

1. Corporation Name

OSPREY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1310 S MIRAMAR  
SUITE 201  
INDIALANTIC FL 32903  
US1208 E. RIVER DRIVE  
SUITE 201  
MELBOURNE FL 32801-7370  
US3. Date Incorporated or Qualified  
09/22/19803a. Date of Last Report  
07/16/1996

2. Principal Place of Business

2a. Mailing Address

21 1310 S Miramar

26 P.O. Box 34016

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Indialantic FL

28 Indialantic FL

24 Zip 32903

25 Country USA

29 Zip 32903

30 Country USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAZELWOOD, M. LOU  
1208 E. RIVER DRIVE, #201  
MELBOURNE FL 32903

81 Name

Joann B. Jacobs

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

410 Thrush Dr

83

84 City

Satellite Beach

FL

85 Zip Code

32937

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

Joann B. Jacobs

Joann B. Jacobs

1/24/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETENAME JACOBS, JOANN D  
STREET ADDRESS 410 THRUSH DR  
CITY-ST-ZIP SATELLITE BEACH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change☐ AdditionTITLE ☒ DELETENAME STD  
STREET ADDRESS HAZELWOOD, M. LOU  
CITY-ST-ZIP 1208 E. RIVER DRIVE, SUITE 201  
MELBOURNE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change☒ AdditionTITLE ☒ DELETENAME D  
STREET ADDRESS BOYD, JOHN R.  
CITY-ST-ZIP 1310 S. MIRAMAR #7  
INDIALANTIC FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change☒ AdditionTITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change☐ AdditionTITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change☐ AdditionTITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change☐ Addition

14. I do 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:

Joann B. Jacobs

1/24/97

407-777-3557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0016372

CR2E037 (9/96)