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Feb 09 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA 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
US

1208 E. RIVER DRIVE
SUITE 201
MELBOURNE FL 32903
US

3. Date Incorporated or Qualified

09/22/1980

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21 1310 S. Miramar

2a. Mailing Address

28 P.O. Box 4016

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Indialantic FL

City & State

28 Indialantic, FL

Zip

24 32903

Country

26 Brevard

Zip

29 32903

Country

30 Brevard

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOANN B JACOBS
410 THRUSH DR
SATELLITE BCH FL 32937

81 Name

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

83

84 City

FL

85 Zip Code

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

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 PD ☐ DELETE

NAME JACOBS, JOANN
STREET ADDRESS 410 THRUSH DR
CITY-ST-ZIP SATELLITE BEACH FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME DAVID VANDER HEE
STREET ADDRESS 13105 MIRAMAR 105
CITY-ST-ZIP INDIALANTIC FL

2.1 TITLE ☒ Change ☐ Addition

TITLE SD ☒ DELETE

NAME LANCE JARVIS
STREET ADDRESS 3863 BEECHGROVE RD
CITY-ST-ZIP MELBOURNE FL

3.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. 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 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 1/31/98 407-777-3551

CP2E037 (10/97)