

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 09 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 754270 (7)**

1. Corporation Name  
**OSPREY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1310 S MIRAMAR SUITE 201 INDIALANTIC FL 32903 US</b>	Mailing Address <b>1208 E. RIVER DRIVE SUITE 201 MELBOURNE FL 32903 US</b>
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3. Date Incorporated or Qualified  
**09/22/1980**

4. FEI Number  
**NOT APPLICABLE**

Applied For	Not Applicable
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2. Principal Place of Business <b>21 1310 S. Miramar</b> Suite, Apt. #, etc.	2a. Mailing Address <b>28 P.O. Box 4016</b> Suite, Apt. #, etc.
City & State <b>23 Indialantic FL</b>	City & State <b>28 Indialantic, FL</b>
Zip <b>24 32903</b>	Country <b>26 Brevard</b>
Zip <b>29 32903</b>	Country <b>30 Brevard</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

**9. Name and Address of Current Registered Agent**

**JOANN B JACOBS**  
**410 THRUSH DR**  
**SATELLITE BCH FL 32937**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JACOBS, JOANN	
STREET ADDRESS	410 THRUSH DR	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAVID VANDER HEE	
STREET ADDRESS	1310 S MIRAMAR 105	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LANCE JARVIS	
STREET ADDRESS	3963 BEECHGROVE RD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	510 Banyon Way
2.4 CITY-ST-ZIP	Melbourne Beach, FL 32951
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Boyd
3.3 STREET ADDRESS	1310 S. Miramar #107
3.4 CITY-ST-ZIP	Indialantic, FL 32903
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

CPRE037 (10/97)