FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

ANNUAL	REPOR1
19	99

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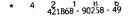
1. Corporation Name

OSPEEY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Busine
1310 S MIRAMAR
INDIALANTIC FL 32903
US

Mailing Address
PO BOX 4016
MELBOURNE FL 32903

US





												•	
2. Principa Place of Business 2a. Mailing Address						3. Date Incorporated or Qualifed							
		26	1341033				09/22/1980						
Suite, Apt. #, etc.			ot. #, etc.				4. FEI Number			T	Applied For		
22		27	<u> </u>				NOT APPLICABLE				Not Applicable		
City & State			City & State			5. Certifc.ite of Status Desired			-	\$8.75 Additional			
23		28	28			J. Ceruic.	THE OF STATUS DE	:5110-0	F	ee Rec	uired		
Zip				Country			6. Election Campaign Financing				\$5.00 May Be		
24 25 29			30	0				und Contributio	n		dded to	Fees	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent													
				81	Nan	16							
JOANN B	JACOBS			82	Stre	et Ac dre	ess (P.O. Box	Number is Not	Acceptable)				
410 THRU	JSH DR												
SATELLIT	E BCH FL 32937			83									
				84	City					85	Zip C	ode	
		<u> </u>								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 approximent as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.													
SIGNATURE	Signature, typed or printed name of r					ire required	d when reinstating)		DAT	TE			
12.		ICERS AN() DIRECTORS	(101	13.			ADDITK	NS/CHANGES	TO OFFICER	S AND DIR	ECTO	IS IN 12	
TITLE	PD		DELETE	1.1 TITLE		<u> </u>					nange	Addition	
NAME	JACOBS, JOANN			1.2 NAME								l	
STREET ADDRESS	410 THRUSH DR			1.3 STREE	TADDRE	s							
CITY-ST-ZIP	SATELLITE BEACH FL	_		1.4 CITY-S									
TITLE	VD		DELETE	2.1 TITLE		\top				cı	nange	☐ Addition	
NAME	DAVID VANDER HEE			2.2 NAMÉ									
STREET ADDRESS	510 BANYON WAY			2.3 STREET ADDRESS							}		
CITY-ST-ZIP	MELBOURNE BEACH	FL 32951		2. 4 CTY-5									
TITLE	SD		☐ DELETE	3.1 TITLE		\top					hange	☐ Addition	
NAME	BOYD, JOHN			3.2 NAME									
STREET ADDRESS	1310 S MIRAMAR, #1	107		3.3 STREE	TADDRE	ss							
CITY-ST-ZIP	INDIALANTIC FL 3290)3		3.4. CITY-5	ST-ZIP								
TITLE			☐ DELETE	4.1 TITLE		\top				c	hange	Addition	
NAME				4. 2 NAME									
STREET ADDRESS				4.3 STREE	TADDRE	ss							
CITY-ST-ZIP				4.4 CITY-S	T-ZIP								
TITLE			DELETE	5.1 TITLE							hange	Addition	
NAME				5.2 NAME									
STREET ADDRESS				5.3 STREE	TADORE	ss							
CITY-ST-ZIP				5.4 CITY-S	T-ZIP								
TITLE			☐ DELETE	6.1 TITLE		\top				C	hange	Addition	
NAME				6.2 NAME									
STREET ADDRESS				6.3 STREE	TADDRE	ss							
CITY-ST-ZIP				6.4 CITY-S	T-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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

95-1-5.265 Daytime Phone # CD2E037 (11/0)