


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 25, 2004 08:00 AM
Secretary of State**

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| DOCUMENT # 770140 1. Entity Name OSPREY COVE TOWNHOUSE OWNERS' ASSOCIATION, INC. |  |
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| Principal Place of Business 55 OSPREY COVE LANE SANTA ROSA BEACH, FL 32459 US | Mailing Address 55 OSPREY COVE LANE SANTA ROSA BEACH, FL 32459 US |
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01122004 No Chg-NP CR2E037 (10/03)

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|---|--|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

STEGNER, ROBERT G
21 OSPREY COVE LANE
SANTA ROSA BEACH, FL 32459

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000066334 02/26/04-80011-020 61.25 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROGERS-STEGNER, NANCY 21 OSPREY COVE LN SANTA ROSA BEACH, FL 32459 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STEGNER, ROBERT G 21 OSPREY COVE LN SANTA ROSA BEACH, FL 32459 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BECKER, BARBARA J 55 OSPREY COVE LANE SANTA ROSA BEACH, FL 32459 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert G. Stegner ROBERT G. STEGNER 2-25-04 850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #