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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:20

DOCUMENT # 770329 (1)

1. Corporation Name

OSPREY OF CAPE CORAL CONDOMINIUM ASSOCIATION, IN C.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3943 SE 11 PLACE #204 CAPE CORAL FL 33904	3943 SE 11 PLACE #204 CAPE CORAL FL 33904

3. Date Incorporated or Qualified: 09/21/1983
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-2435753 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No YES

9. Name and Address of Current Registered Agent

CHRISTMAS, J R
3943 SE 11TH PLACE
#204
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ALLAN, CARTA	1.2 NAME	CARTA, ALLAN	
STREET ADDRESS	3943 SE 11 PLACE	1.3 STREET ADDRESS	3943 SE 11 PLACE	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, CHET	2.2 NAME		
STREET ADDRESS	3943 SE 11 PLACE	2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	MILDRED CHRISTIAN	3.2 NAME	VIZENA, J	
STREET ADDRESS	3943 SE 11 PLACE	3.3 STREET ADDRESS	3943 SE 11 PLACE	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	GRAVES, RONALD F.	4.2 NAME		
STREET ADDRESS	3943 SE 11 PLACE	4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTMAS J.R.	5.2 NAME		
STREET ADDRESS	3943 SE 11TH PLACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: J. R. CHRISTMAS 1/13/95 (813)549-1238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050280