

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 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
--	---	---

**DOCUMENT # 770329 (1)**  
1. Corporation Name  
**OSPREY OF CAPE CORAL CONDOMINIUM ASSOCIATION, IN C.**

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

Mailing Address  
**3943 SE 11 PLACE  
#204  
CAPE CORAL FL 33904**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
---	--

3. Date Incorporated or Qualified <b>09/21/1983</b>	4. FEI Number <b>59-2435753</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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 <b>CURTIS WASSBERG</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>CORAL CONDO MGMT, INC</b> 83 <b>4821 CORONADO PKWY</b> 84 City <b>CAPE CORAL</b> FL 85 Zip Code <b>33904</b>
--

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 CURTIS WASSBERG, PRESIDENT 4/27/98  
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	CARTA, ALLAN
STREET ADDRESS	3943 SE 11 PLACE
CITY-ST-ZIP	CAPE CORAL FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	BERNHARDT, LARSEN
STREET ADDRESS	3943 SE 11TH PLACE
CITY-ST-ZIP	CAPE CORAL FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	VIZENA, J.
STREET ADDRESS	3943 SE 11 PLACE
CITY-ST-ZIP	CAPE CORAL FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	GRAVES, RONALD F.
STREET ADDRESS	3943 SE 11 PLACE
CITY-ST-ZIP	CAPE CORAL FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	CHRISTMAS J.R.
STREET ADDRESS	3943 SE 11TH PLACE
CITY-ST-ZIP	CAPE CORAL FL
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	P
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VD
4.3 STREET ADDRESS	LANE, NORMA JEAN
4.4 CITY-ST-ZIP	3943 SE 11th Place #105 Cape Coral, FL 33904
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VD
5.3 STREET ADDRESS	ABERLE, LEROY
5.4 CITY-ST-ZIP	3943 SE 11th Place, #201 CAPE CORAL, FL 33904
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TD
6.3 STREET ADDRESS	BERTONI, MARTIN
6.4 CITY-ST-ZIP	3943 SE 11th Place #101 Cape Coral, FL 33904

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: [Signature]

CR2E037 (10/97)