

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770329

FILED  
Jan 23, 2004  
Secretary of State

Entity Name: OSPREY OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1510 HANCOCK BRIDGE PKWY  
SUITE #5  
CAPE CORAL, FL 33990 US

**New Principal Place of Business:**

**Current Mailing Address:**

1510 HANCOCK BRIDGE PKWY  
SUITE #5  
CAPE CORAL, FL 33990 US

**New Mailing Address:**

FEI Number: 59-2435753      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOODROW, BARRY Q  
1510 HANCOCK BRIDGE PKWY  
SUITE #5  
CAPE CORAL, FL 33990 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: BERTONI, MARTIN  
Address: 3943 SE 11TH PLACE #101  
City-St-Zip: CAPE CORAL, FL 33904

Title: P ( ) Delete  
Name: CARTA, ALLAN J  
Address: 3943 SE 11TH PL-202  
City-St-Zip: CAPE CORAL, FL 33094

Title: SD ( ) Delete  
Name: VIZENA, J.  
Address: 3943 SE 11 PLACE  
City-St-Zip: CAPE CORAL, FL 33904

Title: VD ( ) Delete  
Name: AUMER, ROBERT  
Address: 3943 SE 11TH PL-104  
City-St-Zip: CAPE CORAL, FL 33904

Title: VD ( ) Delete  
Name: SEQUIN, LARRY  
Address: 3943 SE 11TH PL, #201  
City-St-Zip: CAPE COLAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN BERTONI

D

01/23/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date