

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 31 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00811 (2)
1. Corporation Name
OSPREY CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 55 P.O. BOX 55
PALM CITY FL 34990 PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/09/1984	3a. Date of Last Report 04/29/1994
4. FEI Number 59-2382041	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

CARPINI, TERESA
3944 SW OSPREY CE
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name MCGUIRE ANDREW E.
82 Street Address (P.O. Box Number is Not Acceptable) 3934 S.W. OSPREY CREEK WAY
83
84 City PALM CITY
85 Zip Code FL 34990

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 MCGUIRE ANDREW E. SECT. Andrew E. McGuire DATE 7-25-95

12. OFFICERS AND DIRECTORS

TITLE PD	NAME DWONG, GEO
STREET ADDRESS 4154 SW OSPREY CREEK WAY	CITY - ST - ZIP PALM CITY FL
TITLE VPD	NAME TEUTON, ED
STREET ADDRESS 3984 SW OSPREY CREEK WAY	CITY - ST - ZIP PALM CITY FL
TITLE SD	NAME MCGUIRE, ANDREW E.
STREET ADDRESS 3934 SW OSPREY CREEK WAY	CITY - ST - ZIP PALM CITY FL
TITLE TD	NAME CARDINI, TERESA
STREET ADDRESS 3944 SW OSPREY CREEK WAY	CITY - ST - ZIP PALM CITY FL
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME DWONG, GEO.	
13 STREET ADDRESS 4154 S.W. OSPREY CREEK WAY	
14 CITY - ST - ZIP PALM CITY, FL. 34990	
21 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME CIAFFONE, ROSE	
23 STREET ADDRESS 3804 S.W. OSPREY CREEK WAY	
24 CITY - ST - ZIP PALM CITY, FL. 34990	
31 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME TOWLES, JANIS	
33 STREET ADDRESS 3994 S.W. OSPREY CREEK WAY	
34 CITY - ST - ZIP PALM CITY, FL. 34990	
41 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME MCGUIRE, ANDREW E.	
43 STREET ADDRESS 3934 S.W. OSPREY CREEK WAY	
44 CITY - ST - ZIP PALM CITY, FL. 34990	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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: MCGUIRE ANDREW E. Andrew E. McGuire DATE 7-25-95 407-220-0429

CRE2037 (3/95)