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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 7136 SE OSPREY STREET HOBE SOUND FL 33455 US
Mailing Address: 7136 SE OSPREY STREET HOBE SOUND FL 33455-6159 US

3. Date Incorporated or Qualified: 01/09/1984
3a. Date of Last Report: 04/09/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City & State, Zip, and Country. Includes 4. FEI Number (59-2382041) and 5. Certificate of Status Desired (\$8.75 Additional Fee Required).

9. Name and Address of Current Registered Agent (MCGUIRE, ANDREW E, 3934 SW OSPREY CREEK WAY, PALM CITY FL 3499) and 10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names, titles, and addresses of officers like DOWNING, GEO, CIAFFONE, ROSE, TOWLESS, JANIS, and MCGUIRE, ANDREW.

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone # 0043393

CR2E037 (9/96)