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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00811

(2)

OSPREY CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	ed For pplicable littonal tred ay Be ees
HOBE SOUND FL 33455 HOBE SOUND FL 33455-6159 US 3. Date incorporated or Qualified Q1/09/1984 O4/09/1996 O4/0	ed For pplicable litional ired ay Be Fees
2. Principal Place of Business 2. Applie 2. Not Applie 2. Principal Place of Business 2. Applie 2. Not Applie 2. Principal Place of Business 2. Principal Place of Business 2. Applie 2. Not Applie 2. Principal Place of Business 2. Applie 3. Date of Last Repo 04/09/1996 3. Post of Last Repo 14. FEI Number 15. Certificate of Status Desired 16. Election Campaign Financing 17. Certificate of Status Desired 17. Certificate of Status Desired 17. Certificate of Status Desired 18. Election Campaign Financing 18. Election Ca	ed For pplicable litional ired ay Be Fees
26	pplicable litional lred sy Be Fees
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Sint Certificate of Status Desired Fee Requiration Campaign Financing Trust Fund Contribution Added to F Country Sint Country Sint Country Trust Fund Contribution Added to F	litional ired sy Be fees
Fee Requirements of Status Desired	ired sy Be ees
City & State Trust Fund Contribution Added to F Country 8. This corporation has Hability for Intangible tax under s. 19 Florida Statutes Yes No	ıy Be ees
Trust Fund Contribution Added to F Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 19 24 25 29 30 Florida Statutes Yes No	008
Zip Country Zip Country 8. This corporation has liability for Intangible tax under s. 19 24 25 29 30 Florida Statutes 5 Yes No	
24 25 29 30 Fiorida Statutes & Yes No	
	NAT.
81 Name	
MCGUIRE, ANDREW E 82 Street Address (P.O. Box Number is Not Acceptable)	
3934 SW OSPREY CREEK WAY	
PALM CITY FL 3499 ⁸³	
84 City FL 85 Zip Coo	je
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 reoffice 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 reg	egistered
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.	pistered
SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	
	Addition
NAME DOWNING, GEO 12 NAME LEE, BETTY JANE 12 STREET ADDRESS 3874 SW OSPREY CREEK WAY	
SINCET MODINESS 4104 ON COLUMN 1971	
Officer System City 16	X Addition
	A PROBING
2022 CU OCDDEV CDEEV WAY	
DATE OFFICE SACON	
0117-01-10 121-11-11-11-11-11-11-11-11-11-11-11-11-	Addition
NAME TOWLESS, JANIS 3.2 NAME FERGUSON, JANE	
STREET ADDRESS 3994 SW OSPREY CREEK WAY 3.3 STREET ADDRESS 3824 SW OSPREY CREEK WAY	
CITY-ST-ZIP PALM CITY FL 34990	
TITLE TD LA DELETE 4.1 TITLE PD LA Change	Addition
NAME MCGUIRE, ANDREW 4.2 NAME MCGUIRE, ANDREW	
STREET ADDRESS 3934 SW OSPREY CREEK WAY 43 STREET ADDRESS 3934 SW OSPREY CREEK WAY	
CITY-ST-ZIP PALM CITY FL 34990	
TITLE DELETE 5.1 TITLE Change	Addition
NAME 52.NAME	
SIREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	Addisin
TITLE DELETE 6.1 TITLE Change	Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 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 engages or on an attachment with an address.	oath; that ne

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043393

FILED

Feb 13 1997 8:00am

Secretary of State