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FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
7136 SE OSPREY STREET HOBE SOUND FL 33455 US
7136 SE OSPREY STREET HOBE SOUND FL 33455 US

3. Date Incorporated or Qualified
01/09/1984

4. FEI Number 59-2382041 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired \$8.75 Additional Fee Required

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

22 City & State 27 City & State

7. Is this nonprofit corporation a homeowners association? Yes No

23 Zip Country 28 Zip Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

24 25 29 30

9. Name and Address of Current Registered Agent
MCQUIRE, ANDREW E
3934 SW OSPREY CREEK WAY
PALM CITY FL 34990

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

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 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 IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, BETTY JANE	1.2 NAME	
STREET ADDRESS	3874 SW OSPREY CREEK WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAIGHT, DOROTHY	2.2 NAME	
STREET ADDRESS	3833 SW OSPREY CREEK WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERGUSON, ANDREW	3.2 NAME	LAUGHLIN, MICHAEL
STREET ADDRESS	3994 SW OSPREY CREEK WAY	3.3 STREET ADDRESS	4144 SW OSPREY CREEK WAY
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCQUIRE, ANDREW	4.2 NAME	FIORDA, ANNA
STREET ADDRESS	3934 SW OSPREY CREEK WAY	4.3 STREET ADDRESS	3984 SW OSPREY CREEK WAY
CITY-ST-ZIP	PALM CITY FL	4.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	TOMPKINS, WILLIAM
STREET ADDRESS		5.3 STREET ADDRESS	3993 SW OSPREY CREEK WAY
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Michael R. Laughlin* 4/6/98 5612862782

CR2E037 (10/97)