

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90017 029 ****61.25

0045317

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N00811

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
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/09/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2382041 -	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25	Country	30	Country	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCGUIRE, ANDREW E 3934 SW OSPREY CREEK WAY PALM CITY FL 3499				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, BETTY JANE	1.2 NAME	Quilty, Daniel K.
STREET ADDRESS	3874 SW OSPREY CREEK WAY	1.3 STREET ADDRESS	3774 SE Osprey Creek Way
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAIGHT, DOROTHY	2.2 NAME	McGuire, Jean
STREET ADDRESS	3833 SW OSPREY CREEK WAY	2.3 STREET ADDRESS	3934 SW Osprey Creek Way
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	LAUGHLIN, MICHAEL	3.2 NAME	
STREET ADDRESS	4144 SW OSPREY CREEK WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	AV/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIORDA, ANNA	4.2 NAME	Fiorda, Anna
STREET ADDRESS	3984 SW OSPREY CREEK WAY	4.3 STREET ADDRESS	3984 SW Osprey Creek Way
CITY-ST-ZIP	PALM CITY FL 34990	4.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Tompkins, William L.
STREET ADDRESS		5.3 STREET ADDRESS	3994 SW Osprey Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	AT/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	McGuire, Andrew E.
STREET ADDRESS		6.3 STREET ADDRESS	3934 SW Osprey Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Palm City, FL 34990

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, with all other like empowered.

SIGNATURE: William L. Tompkins **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (1/198)