

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00811

1. Entity Name

OSPREY CREEK HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90055 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

7136 SE OSPREY STREET  
 HOBE SOUND FL 33455  
 US

7136 SE OSPREY STREET  
 HOBE SOUND FL 33455-6159  
 US

2. Principal Place of Business

400 TONEY PENNA DRIVE

3. Mailing Address

C/O CONCEPT MGMT. SERVICE

Suite, Apt. #, etc.

400 TONEY PENNA DRIVE



DO NOT WRITE IN THIS SPACE

City & State  
 JUPITER FLORIDA

City & State  
 JUPITER FLORIDA

4. FEI Number

59-2382041

Applied For

Not Applicable

Zip  
 33458

Country  
 USA

Zip  
 33458

Country  
 USA

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGUIRE, ANDREW E  
 3934 SW OSPREY CREEK WAY  
 PALM CITY FL 34990

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	QUILTY, DANIEL K	
STREET ADDRESS	3774 SE OSPREY CREEK WAY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCGUIRE, JEAN	
STREET ADDRESS	3934 SW OSPREY CREEK WAY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAUGHLIN, MICHAEL	
STREET ADDRESS	4144 SW OSPREY CREEK WAY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	AVD	<input checked="" type="checkbox"/> Delete
NAME	FIORDA, ANNA	
STREET ADDRESS	3984 SW OSPREY CREEK WAY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TOMPKINS, WILLIAM L	
STREET ADDRESS	3994 SW OSPREY ST.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	ATD	<input checked="" type="checkbox"/> Delete
NAME	MCGUIRE, ANDREW E	
STREET ADDRESS	3934 SW OSPREY ST.	
CITY-ST-ZIP	PALM CITY FL 34990	

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Shoenbrum	
STREET ADDRESS	4104 SW Osprey Creek Way	
CITY-ST-ZIP	Palm City, FL. 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anna Fiorda	
STREET ADDRESS	3984 SW Osprey Creek Way	
CITY-ST-ZIP	Palm City, FL. 34990	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM L TOMPKINS 04-21-00 (561) 745-725  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)