

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90092 017 ****61.25

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DOCUMENT # N00811
 1. Entity Name
OSPREY CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 400 TONEY PANNA DRIVE JUPITER FL 33458 US	Mailing Address C/O CONCEPT MGT SERVICE 400 TONEY PANNA DRIVE JUPITER FL 33458 US
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UU017855



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2382041	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**MCGUIRE, ANDREW E
 3934 SW OSPREY CREEK WAY
 PALM CITY FL 3499**

7. Name and Address of New Registered Agent
 Name **JEAN MCGUIRE**
 Street Address (P.O. Box Number is Not Acceptable)
3934 S.W. OSPREY CREEK WAY
 City **PALM CITY** FL Zip Code **34990**

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 **JEAN MCGUIRE PRES.**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	QUILTY, DANIEL K
STREET ADDRESS	3774 SE OSPREY CREEK WAY
CITY-ST-ZIP	PALM CITY FL 34990
TITLE	VP PD <input type="checkbox"/> Delete
NAME	MCGUIRE, JEAN
STREET ADDRESS	3934 SW OSPREY CREEK WAY
CITY-ST-ZIP	PALM CITY FL 34990
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	LAUGHLIN, MICHAEL
STREET ADDRESS	4144 SW OSPREY CREEK WAY
CITY-ST-ZIP	PALM CITY FL 34990
TITLE	DV <input checked="" type="checkbox"/> Delete
NAME	SHOENBRUM, STEPHEN
STREET ADDRESS	4104 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	D <input type="checkbox"/> Delete
NAME	FIORDA, ANNA
STREET ADDRESS	3984 SW OSPREY CREEK WAY
CITY-ST-ZIP	PALM CITY FL 34990

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tobey, Fred
STREET ADDRESS	4064 SE Osprey Street
CITY-ST-ZIP	Palm City, FL 34990
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brugler, Anita
STREET ADDRESS	3803 SE Osprey Street
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **JEAN MCGUIRE** 2-8-01 (561) 220-0429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)