


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

5/ **FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90120 002 \*\*\*\*70.00

**DOCUMENT # N01000005304**  
 1. Entity Name  
**OSPREY OF THE PALM BEACHES, INC.**



Principal Place of Business      Mailing Address  
**300 27TH STREET**      **300 27TH STREET**  
**WEST PALM BEACH FL 33407**      **WEST PALM BEACH FL 33407**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE CR2E037 (11/03)

4. FEI Number      Applied For:  
**31-1807107**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**PRIOLA, PATRICIA A**  
**300 27TH STREET**  
**WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input type="checkbox"/> Delete DE PIANO, LINDA 16158 SOUTH MILITARY TRAIL DELRAY BEACH FL 33430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete CRITTEN, ROBERT D JR. 5811 DIXIE BELL ROAD PALM BEACH GARDENS FL 33418
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete KASEMAN, ADELE 5420 VIBURMUM CIRCLE DELRAY BEACH FL 33484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete DEPIANO, LINDA 1041 45TH ST. WEST PALM BEACH FL 33407      Duplicate
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1041 45TH STREET WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Speicher, Joseph 16158 South Military Trail Delray Beach, FL 33430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Linda De Piano*      LINDA DE PIANO, PH.D., VD      2/28/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Signature Phone #