

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

0040681

**DOCUMENT # N01000005304**

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



05-22-2003 90143 043 \*\*\*\*70.00

Principal Place of Business Mailing Address  
6266 SOUTH CONGRESS AVENUE, SUITE L5 6266 SOUTH CONGRESS AVENUE, SUITE L5  
LANTANTA FL 33462 LANTANTA FL 33462

2. Principal Place of Business 3. Mailing Address  
300 27th Street 300 27th Street  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
WEST Palm Palm Beach, FL West Palm Beach, FL

Zip Country Zip Country  
33407 Palm Beach 33407 Palm Beach

4. FEI Number **APPLIED FOR** Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**LEE, B.Y. JAY COO**  
**OSPREY OF THE PALM BEACHES**  
**6266 S. CONGRESS AVE. # L5**  
**LANTANA FL 33462**

7. Name and Address of New Registered Agent  
Name **Patricia A. Priola**  
Street Address (P.O. Box Number is Not Acceptable)  
**300 27th Street**  
**West Palm Beach FL 33407**

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

**5/19/03**  
DATE

(NOTE: Registered Agent signature required when reinstating)

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

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	CD	<input type="checkbox"/> Delete
NAME	<b>SPEICHER, JOSEPH</b>	
STREET ADDRESS	<b>16158 SOUTH MILITARY TRAIL</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33430</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>CRITTEN, ROBERT D JR.</b>	
STREET ADDRESS	<b>5811 DIXIE BELL ROAD</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>KASEMAN, ADELE</b>	
STREET ADDRESS	<b>5420 VIBURMUM CIRCLE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>DEPIANO, LINDA</b>	
STREET ADDRESS	<b>1041 45TH ST.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33407</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE PIANO, LINDA</b>	
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		
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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/19/03 (561) 383-5711**

CR2E037 (10/02)