


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-25-2005 90143 031 ****61.25

DOCUMENT # N04000008609					
1. Entity Name THE OSPREY BEAUTIFICATION ASSOCIATION CORP.					
Principal Place of Business 119 WOODLAND PLACE OSPREY, FL 34229-2483			Mailing Address 119 WOODLAND PLACE OSPREY, FL 34229-2483		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	02222005 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0754825				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				7. Name and Address of New Registered Agent	
KOEHLER, CAROL 119 WOODLAND PLACE OSPREY, FL 34229-2483				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
B. 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees <input type="checkbox"/>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	KOEHLER, CAROL				
STREET ADDRESS	119 WOODLAND PLACE				
CITY-ST-ZIP	OSPREY, FL 34229-2483				
TITLE	VPD	<input type="checkbox"/> Delete			
NAME	LELAND, JAY				
STREET ADDRESS	440 N TAMiami TRAIL				
CITY-ST-ZIP	OSPREY, FL 34229				
TITLE	STD	<input type="checkbox"/> Delete			
NAME	JONES, SARA				
STREET ADDRESS	731 FORDING BRIDGE WAY				
CITY-ST-ZIP	OSPREY, FL 34229				
TITLE	D	<input type="checkbox"/> Delete			
NAME	MANSERGER, LINDA				
STREET ADDRESS	337 N TAMiami TRAIL				
CITY-ST-ZIP	OSPREY, FL 34229				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	OGLES, LINDA				
STREET ADDRESS	293 HIDDEN BAY - # 103				
CITY-ST-ZIP	OSPREY, FL 34229				
TITLE	D	<input type="checkbox"/> Delete			
NAME	THOMPSON, TOBY				
STREET ADDRESS	94 HARBOR HOUSE DR				
CITY-ST-ZIP	OSPREY, FL 34229				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	C. Jack Snyder				
STREET ADDRESS	2147 S. Tamiami Trail				
CITY-ST-ZIP	Osprey, Fl 34229				
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: <u>Carol Koehler</u>		2/23/05 941-96-4466			
SIGNATURE AND TITLE OF REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR Carol Koehler		Date Daytime Phone #			

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