2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2006
Secretary of State

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Entity Name: THE OSPREY BEAUTIFICATION ASSOCIATION CORP.

Current Principal Place of Business:

119 WOODLAND PLACE
OSPREY, FL 342292483

New Principal Place of Business:

Current Mailing Address:

119 WOODLAND PLACE
OSPREY, FL 342292483

New Mailing Address:

FEI Number: 65-0754825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOEHLER, CAROL
119 WOODLAND PLACE
OSPREY, FL 342292483 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	KOEHLER, CAROL	
Address:	119 WOODLAND PLACE	
City-St-Zip:	OSPREY, FL 342292483	
Title:	VPD	( ) Delete
Name:	LELAND, JAY	
Address:	440 N TAMIAMI TRAIL	
City-St-Zip:	OSPREY, FL 34229	
Title:	STD	( ) Delete
Name:	JONES, SARA	
Address:	731 FORDING BRIDGE WAY	
City-St-Zip:	OSPREY, FL 34229	
Title:	D	( ) Delete
Name:	MANSPERGER, LINDA	
Address:	337 N TAMIAMI TRAIL	
City-St-Zip:	OSPREY, FL 34229	
Title:	D	( ) Delete
Name:	SNYDER, JACK C	
Address:	2147 S. TAMIAMI TRAIL	
City-St-Zip:	OSPREY, FL 34229	
Title:	D	( ) Delete
Name:	THOMPSON, TOBY	
Address:	94 HARBOR HOUSE DR	
City-St-Zip:	OSPREY, FL 34229	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SEC	(X) Change ( ) Addition
Name:	SEGAR, JOANNE	
Address:	508 MEADOW SUITE CIRCLE	
City-St-Zip:	OSPREY, FL 34229	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL KOEHLER PD 01/08/2006

Electronic Signature of Signing Officer or Director — Date