

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90217 036 ****61.25

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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 - No P.O. Box #		3. Mailing Address																																																																																																						
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																						
City & State		City & State																																																																																																						
Zip	Country	Zip	Country	4. FEI Number 65-0754825 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																																																																																																				
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																				
6. Name and Address of Current Registered Agent KOEHLER, CAROL 119 WOODLAND PLACE OSPREY, FL 34229-2483			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																								
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																				
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">KOEHLER, CAROL</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">119 WOODLAND PLACE OSPREY, FL 342292483</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">VPD LELAND, JAY</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">440 N TAMiami TRAIL OSPREY, FL 34229</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">STD JONES, SARA</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">731 FORDING BRIDGE WAY OSPREY, FL 34229</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">SEC SEGAR, JOANNE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">508 MEADOW SUITE CIRCLE OSPREY, FL 34229</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">D SNYDER, JACK C</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">2147 S. TAMiami TRAIL OSPREY, FL 34229</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">D THOMPSON, TOBY</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">94 HARBOR HOUSE DR OSPREY, FL 34229</td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">D Lois Noyes</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">273 Osprey Pt Dr Osprey, FL 34229</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">D Sandra Keith</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">320 Bay Vista Ave Osprey, FL 34229</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">DT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	KOEHLER, CAROL		CITY-ST-ZIP	119 WOODLAND PLACE OSPREY, FL 342292483		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	VPD LELAND, JAY		CITY-ST-ZIP	440 N TAMiami TRAIL OSPREY, FL 34229		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	STD JONES, SARA		CITY-ST-ZIP	731 FORDING BRIDGE WAY OSPREY, FL 34229		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	SEC SEGAR, JOANNE		CITY-ST-ZIP	508 MEADOW SUITE CIRCLE OSPREY, FL 34229		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	D SNYDER, JACK C		CITY-ST-ZIP	2147 S. TAMiami TRAIL OSPREY, FL 34229		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	D THOMPSON, TOBY		CITY-ST-ZIP	94 HARBOR HOUSE DR OSPREY, FL 34229		TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	D Lois Noyes		CITY-ST-ZIP	273 Osprey Pt Dr Osprey, FL 34229		TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	D Sandra Keith		CITY-ST-ZIP	320 Bay Vista Ave Osprey, FL 34229		TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	DT		CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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><i>C. Jack Snyder</i></u> 1-10-07 941-918-0414 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																								