

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90349 005 ****61.25

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1. Entity Name

OSPREY AT DESTIN WEST BEACH AND BAY RESORT
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1500 MIRACLE STRIP PKWY SE
FORT WALTON BEACH, FL 32548

Mailing Address

1500 MIRACLE STRIP PKWY SE
FORT WALTON BEACH, FL 32548

DO NOT WRITE IN THIS SPACE



04272006 No Chg-NP

CR2E037 (4/06)

4. FEI Number

20-2757111

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SALVATORI & WOOD, P.L.
4001 TAMiami TRL N STE 330
NAPLES, FL 34103

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TOLBERT, FRED E III
STREET ADDRESS	1500 MIRACLE STRIP PKWY SE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	DV
NAME	KREUSER, WILLIAM G P
STREET ADDRESS	1500 MIRACLE STRIP PKWY SE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	DTS
NAME	BOZZA, RUTH
STREET ADDRESS	1500 MIRACLE STRIP PKWY SE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED E TOLBERT III

Date

Daytime Phone #

4/27/06

850-243-9161