

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 13 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N51421 (8)
1. Corporation Name
OSPREY LANDING HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~2180 W STATE RD 434 STE 5000 LONGWOOD FL 32779 US~~
~~2180 W STATE RD 434 STE 5000 LONGWOOD FL 32779 US~~

3. Date Incorporated or Qualified 10/22/1992
3a. Date of Last Report 04/05/1994

4. FEI Number 59-3187115
Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 P.O. Box 950882 26 P.O. Box 950882
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Lake Mary FL 28 LAKE MARY, FL
Zip 32795 29 32795 Country 30 USA

9. Name and Address of Current Registered Agent
~~HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W STATE RD 434, STE 5000
LONGWOOD FL 32779~~

10. Name and Address of New Registered Agent
81 Name NANCY JACOBO, TREASURER
82 Street Address (P.O. Box Number is Not Acceptable) OSPREY LANDING HOMEOWNERS ASSN.
83 ~~P.O. Box 950882 541 SERENITY PLACE~~
~~BRIAN COURTNEY JAMES~~
84 City LAKE MARY, FL. 85 Zip Code FL 32746

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Nancy Jacobo Treasurer DATE 2/24/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	GILBERT, JOHN
STREET ADDRESS	2250 LUCIEN WAY #250
CITY-ST-ZIP	MAITLAND FL
TITLE	PD
NAME	FEATHER, TOM
STREET ADDRESS	2250 LUCIEN WAY #250
CITY-ST-ZIP	MAITLAND FL
TITLE	STD
NAME	SIMMONS, TERESA
STREET ADDRESS	2250 LUCIEN WAY #250
CITY-ST-ZIP	MAITLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRIAN COURTNEY
1.3 STREET ADDRESS	P.O. Box 950882 517 SERENITY PLACE
1.4 CITY-ST-ZIP	LAKE MARY, FL. 32795 32746
2.1 TITLE	TREASRD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NANCY JACOBO
2.3 STREET ADDRESS	P.O. Box 950882 541 SERENITY PLACE
2.4 CITY-ST-ZIP	LAKE MARY FL. 32795 32746
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TIM FRANCE
3.3 STREET ADDRESS	580 SERENITY PLACE
3.4 CITY-ST-ZIP	LAKE MARY, FL 32746
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in writing on the day 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy Jacobo DATE 2/24/95 (407)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 328-9570
Date (Typed Name)