

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

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



Principal Place of Business Mailing Address  
P.O. BOX 950882 LAKE MARY FL 32795 US  
P.O. BOX 950882 LAKE MARY FL 32795 US

3. Date Incorporated or Qualified **10/22/1992** 3a. Date of Last Report **03/13/1995**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country

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

9. Name and Address of Current Registered Agent  
**JACOBO, NANCY  
541 SERINITY PLACE  
LAKE MARY FL 32746**

10. Name and Address of New Registered Agent  
81 Name **COURY, BRIAN A.**  
82 Street Address (P.O. Box Number Is Not Acceptable) **517 SERENITY PLACE**  
83  
84 City **LAKE MARY** FL 85 Zip Code **32746**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Brian A. Coury* **BRIAN A. COURY - PRESIDENT** 1-31-96  
(Sign, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COURY, BRIAN</b>	1.2 NAME	
STREET ADDRESS	<b>517 SERENITY PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACOBO, NANCY</b>	2.2 NAME	
STREET ADDRESS	<b>541 SERENITY PLACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANCE, TIM</b>	3.2 NAME	
STREET ADDRESS	<b>580 SERENITY PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>S/D BUTTON, FRED</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>537 SERENITY PLACE</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>LAKE MARY, FL 32746</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>D LEVINE, PHIL</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>409 CONSERVATORY COVE</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>LAKE MARY, FL 32746</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brian A. Coury* **BRIAN A. COURY** 1-31-96 (407) 324-9205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)