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Mar 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: P.O. BOX 950882 LAKE MARY FL 32785 US  
Mailing Address: P.O. BOX 950882 LAKE MARY FL 32785-0882 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 10/22/1992  
3a. Date of Last Report: 02/06/1996  
4. FEI Number: 59-3187115  
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: COURY, BRIAN A. 517 SERENITY PLACE LAKE MARY FL 32746

10. Name and Address of New Registered Agent: Johnston, Kenneth A. 540 Serenity Place Lake Mary FL 32746

11. Pursuant to the provisions of Sections 617.0602 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 617.0603, Florida Statutes.

SIGNATURE: K.A. Johnston, K.A. Johnston, Treasurer, 2-7-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: COURY, BRIAN STREET ADDRESS: 517 SERENITY PLACE CITY-ST-ZIP: LAKE MARY FL 32746	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: <del>PD</del> 1.2 NAME: Doug Pettit 1.3 STREET ADDRESS: 585 Serenity Place 1.4 CITY-ST-ZIP: Lake Mary Fla
TITLE: SD NAME: BUTTON, FRED STREET ADDRESS: 537 SERENITY PLACE CITY-ST-ZIP: LAKE MARY FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VD 2.2 NAME: Tim Burns 2.3 STREET ADDRESS: 417 Conservatory Cove 2.4 CITY-ST-ZIP: Lake Mary Fla
TITLE: D NAME: FRANCE, TIM STREET ADDRESS: 580 SERENITY PLACE CITY-ST-ZIP: LAKE MARY FL 32746	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: PD 3.2 NAME: Kenneth Johnston 3.3 STREET ADDRESS: 540 Serenity Place 3.4 CITY-ST-ZIP: Lake Mary, Fla
TITLE: D NAME: LEVINE, PHIL STREET ADDRESS: 409 CONSERVATORY COVE CITY-ST-ZIP: LAKE MARY FL	<input type="checkbox"/> DELETE	4.1 TITLE: PD 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: Judy Reake 5.3 STREET ADDRESS: 548 Serenity Place 5.4 CITY-ST-ZIP: Lake Mary, Fla
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: D 6.2 NAME: Alfonso Alfano 6.3 STREET ADDRESS: 545 Serenity Place 6.4 CITY-ST-ZIP: Lake Mary Fla

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: K.A. Johnston, K.A. Johnston, 2-7-97 407-322-4414

CR2E037 (9/96)