

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

**FILED**  
**Feb 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N51421 (8)**  
 1. Corporation Name  
**OSPREY LANDING HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business P.O. BOX 850882 LAKE MARY FL 32795 US	Mailing Address P.O. BOX 850882 LAKE MARY FL 32795 US
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3. Date Incorporated or Qualified <b>10/22/1992</b>	
4. FEI Number <b>59-3187115</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**JOHNSTON, KENNETH A.**  
**540 SERENITY PLACE**  
**LAKE MARY FL 32746**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD DOUG PETTIT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	585 SERENITY PLACE	1.2 NAME	
STREET ADDRESS	LAKE MARY FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD TIM BURNS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	417 CONSERVATORY COVE	2.2 NAME	
STREET ADDRESS	LAKE MARY FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD KENNETH JOHNSTON	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	540 SERENITY PLACE	3.2 NAME	
STREET ADDRESS	LAKE MARY FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD LEVINE, PHIL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	409 CONSERVATORY COVE	4.2 NAME	
STREET ADDRESS	LAKE MARY FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D GUY REALE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	548 SERENITY PLACE	5.2 NAME	
STREET ADDRESS	LAKE MARY FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D ALFONSO ALFANO	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	545 SERENITY PLACE	6.2 NAME	
STREET ADDRESS	LAKE MARY FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

D  
**STAN Phipps**  
**557 Serenity Place**  
**Lake Mary, Fla**

14. I 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** 2-15-98 407-322-4414

CFR2037 (1097)