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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N51421

1. Corporation Name
OSPREY LANDING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business P.O. BOX 950882 LAKE MARY FL 32795 US	Mailing Address P.O. BOX 950882 LAKE MARY FL 32795 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/22/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3187115
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JOHNSTON, KENNETH A. 540 SERENITY PLACE LAKE MARY FL 32746		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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 Kenneth A. Johnston Director/Treasurer Feb 1, 1999
Signature, 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 SD	DOUG PETTIT <input checked="" type="checkbox"/> DELETE	1.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUG PETTIT	1.2 NAME	Butch Holley
STREET ADDRESS	585 SERENITY PLACE	1.3 STREET ADDRESS	504 Serenity Place
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	Lake Mary, Fla 32746
TITLE VD	TIM BURNS <input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIM BURNS	2.2 NAME	Timm Godby
STREET ADDRESS	417 CONSERVATORY COVE	2.3 STREET ADDRESS	410 Conservatory Cove
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE TD	KENNETH JOHNSTON <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH JOHNSTON	3.2 NAME	
STREET ADDRESS	540 SERENITY PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	3.4 CITY-ST-ZIP	
TITLE PD	LEVINE, PHIL <input checked="" type="checkbox"/> DELETE	4.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINE, PHIL	4.2 NAME	Bill Flynt
STREET ADDRESS	409 CONSERVATORY COVE	4.3 STREET ADDRESS	520 Serenity Place
CITY-ST-ZIP	LAKE MARY FL	4.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE D	PHIPPS, STAN <input type="checkbox"/> DELETE	5.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHIPPS, STAN	5.2 NAME	
STREET ADDRESS	557 SERENITY PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: Kenneth A. Johnston 2-1-99 407-322-4414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)