

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90070 043 ****61.25

DOCUMENT # N51421

1. Entity Name

OSPREY LANDING HOMEOWNERS ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 950882 LAKE MARY FL 32795 US	Mailing Address P.O. BOX 950882 LAKE MARY FL 32795-0882 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3187115	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Jon Urbaneck**
 Street Address (P.O. Box Number is Not Acceptable)
421 Conservatory Cove
 City **Lake Mary** **FL** Zip Code **32746**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	SD	<input type="checkbox"/>
NAME	HOLLEY, BUTCH	
STREET ADDRESS	504 SERENITY PL	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input type="checkbox"/>
NAME	GODBY, TIMM	
STREET ADDRESS	410 CONSERVATORY COVE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	TB	<input checked="" type="checkbox"/>
NAME	KENNETH JOHNSTON	
STREET ADDRESS	540 SERENITY PLACE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	PD	<input type="checkbox"/>
NAME	FLYNT, BILL	
STREET ADDRESS	520 SERENITY PLACE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	PHIPPS, STAN	
STREET ADDRESS	557 SERENITY PLACE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	Jon Urbaneck		
STREET ADDRESS	421 Conservatory Cove		
CITY-ST-ZIP	Lake Mary FL 32746		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Bhushan GanGrade	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	536 Serenity Place		
STREET ADDRESS	Lake Mary FL 32746		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)