



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90025 019 \*\*\*\*61.25

<b>DOCUMENT # N51421</b>					
1. Entity 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		<p style="text-align: right; font-size: 24px;">40000182</p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01082005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3187115	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OVITZ, JACK 401 CONSERVATORY COVE LAKE MARY, FL 32746				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLEY, BUTCH		NAME		
STREET ADDRESS	504 SERENITY PL		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL		CITY-ST-ZIP		
TITLE	DM	<input checked="" type="checkbox"/> Delete	TITLE	DM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORD, PALMI		NAME	Russell, William	
STREET ADDRESS	581 SERENITY PLACE		STREET ADDRESS	405 Conservatory Cove	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVITZ, JACK		NAME		
STREET ADDRESS	401 CONSERVATORY COVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLYNT, BILL		NAME	Syvarth, Theresa	
STREET ADDRESS	520 SERENITY PLACE		STREET ADDRESS	576 Serenity Place	
CITY-ST-ZIP	LAKE MARY, FL		CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNDAL, KARL		NAME		
STREET ADDRESS	501 SERENITY PLACE		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 another like empowered.					
SIGNATURE: <i>Jack W. Ovitz</i>		Jack W. Ovitz		1/8/2005 407-942-4135	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	