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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

95 FEB 17 PH 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005622 (5)

1. Corporation Name

OSPREY POINTE AT DOLPHIN CAY OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4479 DOLPHIN CAY LANE SOUTH  
ST. PETERSBURG FL 33711

4479 DOLPHIN CAY LANE SOUTH  
ST. PETERSBURG FL 33711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/14/1994

4. FEI Number

59-3278967

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHEEZEM, J. MICHAEL  
2201 4TH ST. NORTH  
SUITE 200  
ST. PETERSBURG FL 33704

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

DP  
COOPER, GAIL M  
2201 4TH ST. NORTH, STE. 200  
ST PETERSBURG FL 33704

1.1 TITLE

DP  Change  Addition

NAME

1.2 NAME

COOPER, GAIL M.

STREET ADDRESS

1.3 STREET ADDRESS

2201 4th ST. N., STE. 200

CITY - ST - ZIP

1.4 CITY - ST - ZIP

ST. PETERSBURG, FL 33704

TITLE

DS  
BEAUMONT, SANDRA D  
2201 4TH ST. NORTH, STE. 200  
ST PETERSBURG FL 33704

2.1 TITLE

DST  Change  Addition

NAME

2.2 NAME

BEAUMONT, SANDRA D.

STREET ADDRESS

2.3 STREET ADDRESS

2201 4th ST. N., STE. 200

CITY - ST - ZIP

2.4 CITY - ST - ZIP

ST. PETERSBURG, FL 33704

TITLE

DT  
PHEIDIS, KATHLEEN R  
2201 4TH ST. NORTH, STE. 200  
ST PETERSBURG FL 33704

3.1 TITLE

D  Change  Addition

NAME

3.2 NAME

GAEGLER, MARYELLEN

STREET ADDRESS

3.3 STREET ADDRESS

2201 4th ST. N., STE. 200

CITY - ST - ZIP

3.4 CITY - ST - ZIP

ST. PETERSBURG, FL 33704

TITLE

4.1 TITLE

Change  Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY - ST - ZIP

4.4 CITY - ST - ZIP

TITLE

5.1 TITLE

Change  Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP

TITLE

6.1 TITLE

Change  Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY - ST - ZIP

6.4 CITY - ST - ZIP

TITLE

6.5 TITLE

Change  Addition

NAME

6.6 NAME

STREET ADDRESS

6.7 STREET ADDRESS

CITY - ST - ZIP

6.8 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra D. Beaumont*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA D. BEAUMONT, SECRETARY

01/12/95

813-864-1900

Date

Telephone #