

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90020 006 ****61.25

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1. Corporation Name

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

Principal Place of Business

10033 9TH STREET N.
2ND FLOOR
ST. PETERSBURG FL 33716
US

Mailing Address

10033 9TH STREET N.
2ND FLOOR
ST. PETERSBURG FL 33716
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/14/1994

4. FEI Number

59-3278867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BRIAN K. SMITH
10033 9TH STREET N.
2ND FLOOR
ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DT
NAME ROSS, IKE
STREET ADDRESS 1033 9TH ST. N. 2ND FL
CITY-ST-ZIP ST PETERSBURG FL 33716

TITLE DVP
NAME TACY, PAMELA
STREET ADDRESS 10033 9TH ST. N. 2ND FL
CITY-ST-ZIP ST PETERSBURG FL 33716

TITLE DP
NAME MAYSE, ROBERT
STREET ADDRESS 10033 9TH ST. N. 2ND FL
CITY-ST-ZIP ST PETERSBURG FL 33716

TITLE D
NAME WOODROUGH, STEVEN
STREET ADDRESS 10033 9TH ST. N. 2ND FL
CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE D
NAME CORNLEY, JUDY
STREET ADDRESS 10033 9TH ST. N. 2ND FL
CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE D
NAME LANDSTRA, ROBERT
STREET ADDRESS 10033 9TH ST. N. 2ND FL
CITY-ST-ZIP ST. PETERSBURG FL 33716

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DS ☐ Change ☒ Addition
1.2 NAME Dingman, Harry
1.3 STREET ADDRESS 10033 9th Street north 2nd Floor
1.4 CITY-ST-ZIP St. Petersburg, Florida 33716

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)