

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005622

1. Entity Name

OSPREY POINTE AT DOLPHIN CAY OWNER'S ASSOCIATION

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90227 019 \*\*\*\*61.25

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 33716-3804 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number <b>59-3278867</b>	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BRIAN K. SMITH 10033 9TH STREET N. 2ND FLOOR ST. PETERSBURG FL 33716		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROSS, IKE 1033 9TH ST. N. 2ND FL ST PETERSBURG FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ike Ross 4801 Osprey Pointe #402 St. Petersburg, FL 33711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Treasurer)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TACY, PAMELA 10033 9TH ST. N. 2ND FL ST PETERSBURG FL 33716 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Juliana Wright 4801 Osprey Pointe #110 St. Petersburg, FL 33711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (Director)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAYSE, ROBERT 10033 9TH ST. N. 2ND FL ST PETERSBURG FL 33716 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kevin Holt 4850 Osprey Pointe #403 St. Petersburg, FL 33711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (Director)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODROUGH, STEVEN 10033 9TH ST. N. 2ND FL ST. PETERSBURG FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steve Woodrough 4801 Osprey Pointe #604 St. Petersburg, FL 33711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Vice President)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNLEY, JUDY 10033 9TH ST. N. 2ND FL ST. PETERSBURG FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Judy Cornely 4830 Osprey Pointe #606 St. Petersburg, FL 33711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Secretary)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Landstra 4850 Osprey Pointe #406 St. Petersburg, FL 33711 <input type="checkbox"/> Delete (Director)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harry Dingman 4830 Osprey Pointe #206 St. Petersburg, FL 33711 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (President)

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, without other like empowered.

SIGNATURE: Harry Dingman 03/21/00 (727) 867-6077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)