

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91601 022 \*\*\*\*61.25

**DOCUMENT # N94000005622**

1. Entity Name

**OSPREY POINTE AT DOLPHIN CAY OWNER'S ASSOCIATION**

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

**4801 OSPREY DRIVE S.**

3. Mailing Address

**4779 DOLPHIN CAY LANE S.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ST PETERSBURG, FL**

City & State

**ST. PETERSBURG, FL**

4. FEI Number

**59-3278867**

Applied For

Not Applicable

Zip

Country

**33711**

**US**

Zip

Country

**33711**

**US**

5. Certificate of Status Desired ☐

**\$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 **CONDOMINIUM ASSOCIATES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3001 EXECUTIVE DRIVE**  
**SUITE 260**  
 City **CLEARWATER** **FL** Zip Code **33762**

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 *By Craig Caldwell, VICE PRESIDENT*

**5-16-01**

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

TITLE	DT	<input type="checkbox"/> Delete
NAME	ROSS, IKE	
STREET ADDRESS	4801 OSPREY POINTE #402	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	TACY, PAMELA	
STREET ADDRESS	10033 9TH ST. N. 2ND FL	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MAYSE, ROBERT	
STREET ADDRESS	10033 9TH ST. N. 2ND FL	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOODROUGH, STEVEN	
STREET ADDRESS	4801 OSPREY POINTE #604	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORNLEY, JUDY	
STREET ADDRESS	4830 OSPREY POINTE #606	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DINGMAN, HARRY	
STREET ADDRESS	4830 OSPREY POINTE #206	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, IKE	
STREET ADDRESS	4801 OSPREY DRIVE S, #402	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PFAUSER, JACK	
STREET ADDRESS	4850 OSPREY DRIVE S, #304	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLT, KEVIN	
STREET ADDRESS	4850 OSPREY DRIVE S, #403	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALL, JOHN	
STREET ADDRESS	4830 OSPREY DRIVE S, #304	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALES, VINCENT	
STREET ADDRESS	4830 OSPREY DRIVE S, #204	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, JULIANA	
STREET ADDRESS	4801 OSPREY DRIVE S, #110	
CITY-ST-ZIP	ST PETERSBURG FL 33711	

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: *Jack Pfauser* SIGNATURE REQUIRED JACK PFAUSER 5-11-01 727-864-1900

CR2E037 (10/00)

Attachment

Doc# N9400005622

000679

10. Continued OFFICERS AND DIRECTORS		11. Con't. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASTYR, DENNIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4801 OSPREY DRIVE S, # 108 ST PETERSBURG FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition