

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000633 (6)

1. Corporation Name

OSPREY RESIDENTIAL DISTRICT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**7380 MURRELL RD. 201
VIERA FL 32940**

**7380 MURRELL RD. 201
VIERA FL 32940**

3. Date Incorporated or Qualified

02/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3307461

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLAKE, R M
7380 MURRELL RD, 201
VIERA FL 32940**

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 block 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** ☒ DELETE
NAME **READER, PERRY J**
STREET ADDRESS **7380 MURRELL RD, 201**
CITY-ST-ZIP **VIERA FL 32940**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DV** ☐ DELETE
NAME **BLAKE, R M**
STREET ADDRESS **7380 MURRELL RD, 201**
CITY-ST-ZIP **VIERA FL 32940**

2.1 TITLE **President / Director** ☒ Change ☐ Addition
2.2 NAME **R. Mason Blake**
2.3 STREET ADDRESS **7380 Murrell Road Suite 201**
2.4 CITY-ST-ZIP **Viera, FL 32940**

TITLE **DT** ☒ DELETE
NAME **JENS, JANE S**
STREET ADDRESS **7380 MURRELL RD, 201**
CITY-ST-ZIP **VIERA FL 32940**

3.1 TITLE **Treasurer / Director** ☒ Change ☒ Addition
3.2 NAME **Paul Martell**
3.3 STREET ADDRESS **7380 Murrell Road**
3.4 CITY-ST-ZIP **Viera, FL 32940**

TITLE **S** ☐ DELETE
NAME **MILLER, C S**
STREET ADDRESS **7380 MURRELL RD, 201**
CITY-ST-ZIP **VIERA FL 32940**

4.1 TITLE **Vice President / Director** ☒ Change ☒ Addition
4.2 NAME **Jay Decator**
4.3 STREET ADDRESS **7380 Murrell Road**
4.4 CITY-ST-ZIP **Viera, FL 32940**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Scott Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT Miller

3/3/96 (407) 242-1200
Date Daytime Phone #

CR2E037 (12/95)