2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000000633**

Country

OSPREY RESIDENTIAL DISTRICT ASSOCIATION, INC.

7380	MUR	RELL	RD.	201
VIER	A FI	32940)	

Suite, Apt. #, etc.

City & State

Zip

Principal Place of Business

2. Principal Place of Business

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

7380 MURRELL RD. 201 VIERA FL 32940-8130

7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DECATOR, III JAY A 7380 MURRELL RD, 201 VIERA FL 32940 Zip Code 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition Delete TITLE NAME NAME DICK, MICHAEL STREET ADDRESS STREET ADDRESS 7380 MURRELL RD, STE 201 CITY-ST-ZIP CITY-ST-ZIP **VIERA FL 32940** Change Addition TD ☐ Delete TITLE TITLE NAME NAME MARTELL, PAUL STREET ADDRESS STREET ADDRESS 7380 MURRELL RD, 201 CITY-ST-7IP CITY-ST-ZIP VIERA FL 32940 Joseph Disturco Addition Delete Change TITLE TITLE 1380 MURREURG-201 RAST, GERALD NAME STREET ADDRESS STREET ADDRESS 7380 MURRELL RD STE 201 VIERA: FL32940 CITY-ST-ZIP CITY-ST-ZIP Viera FL 32940 Delete Addition ∰"Change TITLE. TITLE Scott Miller BO Murrell Rd, Ste 201 NAME DECATOR, JAY STREET ADDRESS STREET ADDRESS 7380 MURRELL RD, STE 201 CITY-ST-ZIP CITY-ST-ZIP VIERA FL 32940 Delete Addition TITLE NAME NAME CEROW, JOAN STREET ADDRESS STREET ADDRESS 7380 MURRELL RD, STE 201 CITY-ST-ZIP CITY-ST-ZIP VIERA FL 32940 ☐ Addition ☐ Defete TITLE TITLE

Country

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

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

DALE, ROBERT

VIERA FL 32940

7380 MURRELL RD, STE 201

NAME

STREET ADDRESS

CITY-ST-ZIP

321 . 242 . 1200

FILED

05-03-2000 90108 027 ****61.25

Applied For

\$8.75 Additional

Fee Required

Not Applicable

DO NOT WRITE IN THIS SPACE

59-3307461

4. FEI Number

5. Certificate of Status Desired

May 03, 2000 8:00 am **Secretary of State**

Daytime Phone #