2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 16, 2002 8:00 am Secretary of State DOCUMENT # **N95000000633** 1. Entity Name OSPREY RESIDENTIAL DISTRICT ASSOCIATION, INC. 04-16-2002 90108 033 ****61.25 Principal Place of Business Mailing Address 2180 WEST SR 434 2180 WEST SR 434 SUITE 5000 SUITE 5000 LONGWOOD FL 32779-5044 LONGWOOD FL 32779-5044 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3307461 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434 STE 5000 City Zip Code LONGWOOD FL 32779 FL 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** 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 \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TD TITLE ☐ Change XX Addition XX Delete NAME: MARTELL, PAUL NAME SUPINSKI, RENEE A. STREET ADDRESS 7380 MURRELL RD, 201 STREET ADDRESS 1882 SUN-GAZER DR. CITY-ST-ZIP CITY-ST-ZIP VIERA, FL 32940 <u>Viera Fl. 32940</u> TITLE ☐ Delete TITLE XX Change ☐ Addition NAME DISTURCO, JOSEPH NAME STREET ADDRESS 7380 MURRELL RD STE 201 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VIERA FL 32940 SD XX Delete TITLE PD XX Addition TITLE ☐ Change NAME KEITH, DUSTIN T john, judy NAME STREET ADDRESS 7380 MURRELL RD, STE 201 STREET ADDRESS 1767 SUN-GAZER DR. CITY-ST-ZIP CITY-ST-ZIP Viera FL 32940 <u>VIERA, FL 32940</u> TITLE D XX Delete TITLE TD ☐ Change XX Addition NAME DALE, ROBERT NAME GAULT, CHARLES A STREET ADDRESS STREET ADDRESS 1720 CURLEW CT 1705 CURLEW CT CITY-ST-ZIP CITY-ST-ZIP VIERA FL 32955 VIERA, FL 32940 XX Delete TIT! F VSD TITLE ☐ Change Addition A NAME RAMNARINE, NANDRA NAME FAHNESTOCK, JOHN E STREET ADDRESS STREET ADDRESS 7380 MURRELL RD, STE 201 1879 SUN-GAZER DR CITY-ST-ZIP CITY-ST-ZIP viera fl 32940 VIERA. FL 32940 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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