

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000633

FILED
Apr 18, 2004
Secretary of State**Entity Name:** OSPREY RESIDENTIAL DISTRICT ASSOCIATION, INC.**Current Principal Place of Business:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044**New Principal Place of Business:****Current Mailing Address:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044**New Mailing Address:****FEI Number:** 59-3307461**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** VD () Delete
Name: BLOEMER, ROLFE
Address: 1821 SUN-GLAZER DR.
City-St-Zip: ROCKLEDGE, FL 32955**Title:** D () Delete
Name: CARROLL, JOHN
Address: 1739 SUN -GLAZER DR.
City-St-Zip: ROCKLEDGE, FL 32955**Title:** SD () Delete
Name: DUSTIN, KEITH T
Address: 1767 SUN-GLAZER DR.
City-St-Zip: VIERA, FL 32940**Title:** TD (X) Delete
Name: GAULT, CHARLES A
Address: 1705 CURLEW CT
City-St-Zip: VIERA, FL 32940**Title:** PD () Delete
Name: FAHNESTOCK, JOHN E
Address: 1879 SUN-GLAZER
City-St-Zip: VIERA, FL 32940**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VPD (X) Change () Addition
Name: BLOEMER, ROLFE B
Address: 1821 SUN-GLAZER DR.
City-St-Zip: ROCKLEDGE, FL 32955**Title:** D (X) Change () Addition
Name: CRUZ, MARGUERITE
Address: 1778 SUN -GLAZER DR.
City-St-Zip: ROCKLEDGE, FL 32955**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** PD (X) Change () Addition
Name: FAHNESTOCK, JOHN E
Address: 1879 SUN-GLAZER DR
City-St-Zip: VIERA, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN E FAHNESTOCK

PD

04/18/2004

Electronic Signature of Signing Officer or Director_____
Date