2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N95000000633

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:

6767 N. WICKHAM ROAD
SUITE 213
MELBOURNE, FL 32940

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

P.O. BOX 410759
MELBOURNE, FL 329410759 US

FEI Number: 59-3307461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ADVANCED PROPERTY MANAGEMENT
6767 N WICKHAM ROAD
SUITE 213
MELBOURNE, FL 32940 US

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: VAN C MOORE 04/29/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FLYNN, MARTIN C
Address: 1803 SUN-GLAZER DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPD ( ) Delete
Name: CRUZ, MARGUERITE
Address: 1778 SUN -GLAZER DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD ( ) Delete
Name: CHANCE, SUSAN
Address: 1725 CURLEW CT
City-St-Zip: VIERA, FL 32955

Title: TD ( ) Delete
Name: CARROLL, JOHN
Address: 1739 SUN-GLAZER DR
City-St-Zip: VIERA, FL 32955

Title: D ( ) Delete
Name: OSBORNE, OZZIE
Address: 1818 SUN GAZER DR
City-St-Zip: VIERA, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARTIN C FLYNN PD 04/29/2005
Electronic Signature of Signing Officer or Director Date