2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500000633

1. Entity Name

OSPREY RESIDENTIAL DISTRICT ASSOCIATION, INC.



Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90206 024 ****61.25

FILED

| Principal Place of Business | | Mailing A | Mailing Address | | | | | | | | |
|---|--|----------------------------|----------------------------------|---|---|--|---|--------------------|------------------------------------|---------------------------------|-----------------|
| 2180 WEST SR | ł 434 | 2180 WES | | | | | | | | | |
| 002 0000 | | | SUITE 5000 | | | | | | | | |
| LONGWOOD FL | L 32779-5044 | LONGWOL | DD FL 32779-5044 | | | 1 (88)(18) 818 1816 | 81211 28 111 88 121 81 | | EBILL BIRES (1 | 1 00 1411 1 0 1 1 | |
| a DississID | Disco of Disciones | 2 Mailine | Addrops | | | | | | | | |
| 2. Principal P | Place of Business | 3. Mailing | Address | | | | Ulill Built Holl Bi | | BERNE ENCON | ion (III) icei | |
| Suite, Apt. | # etc | Suite | Apt. #, etc. | | | | (FOLCHEDE IE | | OUANOEC | | |
| oune, Apr. | n, oto. | 00110 | , / ipt. ii, 0t0. | | | | HECK HERE IF | MAKING | CHANGES | | |
| City & State | e | City 8 | k State | | | 4. FEI Number 59- | 3307461 | | Ap | plied For |] |
| | | | | | | 58 | 0001701 | | No | t Applicable |] |
| Zip | Country | Zip | | .Country | | 5 Certificate of Stat | us Desired | | 8.75 Add | | |
| | | | | | | 5. Certificate of Status Desired Fee Required | | | | | 1 |
| 6. Name and Address of Current Register | | | | | | 7. Name and Addre | ss of New Re | gistered A | gent | | - |
| | | | | Nai | me | | | | | | |
| HART, JAMES W JR | | | Street Address (| | | (P.O. Box Number is No | t Acceptable) | | - | | 1 |
| SENTRY MANAGEMENT INC | | | | | | | | | | | 4 |
| | ST SR 434 STE 5000 | | | | | | | | | | |
| LONGWO | OD FL 32779 | | | City | / | | | FL | Zip Cod | e | |
| | | | | | | | | | | | 1 |
| | e named entity submits this stateme tions of registered agent. | nt for the purpose | e of changing its | egistered offi | ce or register | red agent, or both, in th | e State of Flori | da. I am fa | miliar with, | and accept | |
| the obligat | tions of registered agent. | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered | agent and title if applica | ble. (NOTE | Registered Agent | signature required | d when reinstating) | | DATE | | | |
| SIGNATURE . | Signature, typed or printed name of registered | agent and title if applica | ble. (NOTE | Registered Agent | signature required | d when reinstating) | | DATE | | | |
| | | agent and title if applica | | | | | Mak | | Pavable | | |
| | Signature, typed or printed name of registered | agent and title if applica | 9. Election Carr | paign Financ | | \$5.00 May Be | | e Check | Payable | | |
| | | agent and title if applica | 9. Election Cam | paign Financ | ing | | | e Check | Payable ment of S | | |
| | | | 9. Election Cam | paign Financ | ing | \$5.00 May Be | Florida | e Check Departi | ment of S | State | |
| 10. | FILE NOW: FEE IS \$61.25 | | 9. Election Cam Trust Fund C | paign Financ ontribution. | ing | \$5.00 May Be Added to Fees ADDITIONS/CHANGES | Florida | e Check Departi | ment of S | State | (60) |
| ļ | FILE NOW: FEE IS \$61.25 | | 9. Election Cam | paign Financ ontribution. | ing □ VD Rolf | \$5.00 May Be Added to Fees ADDITIONS/CHANGES | Florida | e Check Departi | ment of S | State | (10/02) |
| 10. | FILE NOW: FEE IS \$61.25 OFFICERS ANI | | 9. Election Cam Trust Fund C | paign Financ ontribution. | ing □ VD Rolf | \$5.00 May Be Added to Fees ADDITIONS/CHANGES | Florida | e Check Departi | ment of S | State | 37 (10/02) |
| 10. TITLE NAME | FILE NOW: FEE IS \$61.25 OFFICERS AND VD SUPINSKI, RENEE A | | 9. Election Cam Trust Fund C | paign Finance ontribution. 11TITLE -NAME | VD Rolf 1821 | \$5.00 May Be Added to Fees ADDITIONS/CHANGES | Florida | e Check Departi | ment of S | State 1 10 XAddition | 25037 (10/02) |
| 10. TITLE NAME STREET ADDRESS | FILE NOW: FEE IS \$61.25 OFFICERS AND VD SUPINSKI, RENEE A 1882 SUN-GAZER DR. | | 9. Election Carr Trust Fund C | paign Finance ontribution. 11TITLE -NAME -STREET ADDA | VD Rolf 1821 | \$5.00 May Be Added to Fees ADDITIONS/CHANGES E B Bloemer Sun-Gazer D | Florida | e Check Departi | ment of S | State | CROE037 (10/02) |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | FILE NOW: FEE IS \$61.25 OFFICERS AND VD SUPINSKI, RENEE A 1882 SUN-GAZER DR. | | 9. Election Cam Trust Fund C | paign Financ ontribution. 11. TITLE NAME STREET ADDI | VD Rolf RESS 1821 Vier | \$5.00 May Be Added to Fees ADDITIONS/CHANGES E B Bloemer Sun-Gazer D | Florida | e Check Departi | ment of \$ ECTORS IN | State 1 10 XAddition | CB2E037 (10/02) |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | OFFICERS ANI VD SUPINSKI, RENEE A 1882 SUN-GAZER DR. VIERA FL 32940 P DISTURCO, JOSEPH 7380 MURRELL RD STE 201 | | 9. Election Carr Trust Fund C | paign Finance ontribution. 11. TITLE NAME STREET ADDI CITY-ST-ZIP TITLE NAME STREET ADDI STREET ADDI | VD Rolf 1821 Vier D John 1739 | \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO B Bloemer Sun-Gazer D To FL 32955 | Florida S TO OFFICER: | e Check Departi | ment of \$ ECTORS IN | State 1 10 XAddition | CR9E037 (10/09) |
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| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | FILE NOW: FEE IS \$61.25 OFFICERS ANI VD SUPINSKI, RENEE A 1882 SUN-GAZER DR. VIERA FL 32940 P DISTURCO, JOSEPH 7380 MURRELL RD STE 201 VIERA FL 32940 SD | | 9. Election Carr Trust Fund C | paign Finance ontribution. 11. TITLE NAME STREET ADDI CITY-ST-ZIP TITLE NAME STREET ADDI STREET ADDI | VD Rolf 1821 Vier D John 1739 | \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO BE Bloemer Sun-Gazer Dea, FL 32955 Carroll Sun-Gazer Dear Carroll | Florida S TO OFFICER: | e Check Departi | ment of \$ ECTORS IN | State 1 10 XAddition | CR9En37 (10/09) |
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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 to see 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 advises, with all other like improvered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

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Delete

SIGNATURE:

FAHNESTOCK, JOHN E

1879 SUN- GAZED DR

VIERA FL 32940

TITLE

NAME

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CITY-ST-ZIP

3/27/03

1879 Sun-Gazer Dr.

CR2E037 (10

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