

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001590 (6)**

1. Corporation Name

OSPREY COMMERCIAL DISTRICT ASSOCIATION, INC.



Principal Place of Business 7380 MURRELL RD., SUITE 201 VIERA FL 32940	Mailing Address 7380 MURRELL RD., SUITE 201 VIERA FL 32940
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3. Date Incorporated or Qualified 09/14/1994	Applied For <input type="checkbox"/>
4. FEI Number 59-3369279	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLAKE, R. MASON 7380 MURRELL RD., SUITE 201 VIERA FL 32940	
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10. Name and Address of New Registered Agent 81 Name Decator, Jay A. III 82 Street Address (P.O. Box Number is Not Acceptable) 7380 Murrell Rd., Suite 201 83 84 City Viera FL 85 Zip Code 32940	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Jay A. Decator III* **Jay A. Decator III** **April 20, 1998**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DECATOR, JAY		1.2 NAME	
STREET ADDRESS 7380 MURRELL RD., SUITE 201		1.3 STREET ADDRESS	
CITY-ST-ZIP VIERA FL		1.4 CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLAKE, R. MASON		2.2 NAME	
STREET ADDRESS 7380 MURRELL RD., SUITE 201		2.3 STREET ADDRESS	
CITY-ST-ZIP VIERA FL		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTELL, PAUL		3.2 NAME	
STREET ADDRESS 7380 MURRELL RD., SUITE 201		3.3 STREET ADDRESS	
CITY-ST-ZIP VIERA FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME D MILLER, C. SCOTT	
STREET ADDRESS		4.3 STREET ADDRESS 7380 MURRELL RD. SUITE 201	
CITY-ST-ZIP		4.4 CITY-ST-ZIP VIERA, FL	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jay A. Decator III* **Jay A. Decator III** **(407) 242-1200**

CR2E037 (10/97)