2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000001590

1. Entity Name
OSPREY COMMERCIAL DISTRICT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7380 MURRELL RD., SUITE 201 VIERA, FL 32940	7380 MURRELL RD., SUITE 201 VIERA, FL 32940

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04192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3369279

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DECATOR, JAY A I
7380 MURRELL RD., SUITE 201
VIERA, FL 32940

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

UI000054038S
05/10/06-80014-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DECATOR, JAY
STREET ADDRESS	7380 MURRELL RD., SUITE 201
CITY-ST-ZIP	VIERA, FL
TITLE	VDS
NAME	MILLER, C SCOTT
STREET ADDRESS	7380 MURRELL RD., SUITE 201
CITY-ST-ZIP	VIERA, FL
TITLE	TD
NAME	MARTELL, PAUL
STREET ADDRESS	7380 MURRELL RD., SUITE 201
CITY-ST-ZIP	VIERA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Paul Martell 4-21-06 321-242-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #