

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90163 008 \*\*\*\*61.25

**DOCUMENT # N96000005927**

1. Entity Name

**OSPREY VILLAS AT AQUARINA HOMEOWNERS ASSOCIATION**

Principal Place of Business

Mailing Address

235 HAMMOCK SHORE DRIVE  
 MELBOURNE BEACH FL 32951

235 HAMMOCK SHORE DRIVE  
 MELBOURNE BEACH FL 32951-3941

80016343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3440368

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEALS, ROBERT L ESQ**  
**1800 WEST HIBISCUS BLVD**  
**SUITE 138**  
**MELBOURNE FL 32902-1870**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD BATES, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	235 HAMMOCK SHORE DRIVE MELBOURNE BEACH FL 32951	
TITLE NAME	VD KAUFFMAN, GEORGIA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	235 HAMMOCK SHORE DRIVE MELBOURNE BEACH FL 32951	
TITLE NAME	STD MCDANIEL, MONRIE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	235 HAMMOCK SHORE DRIVE MELBOURNE BEACH FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		

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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with a power of attorney, or otherwise empowered.

SIGNATURE:

*Signature*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/00 321-723-25