

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90081 015 ****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**

00001007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

100 Vista Royale Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Vero Beach, FL

4. FEI Number

59-3440368

Applied For

Not Applicable

Zip

Country

Zip

Country

32962

Indian River

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

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

TITLE	PRESIDENT - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, PAUL	
STREET ADDRESS	213 OSPREY VILLAS COURT	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	VICE PRESIDENT - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, NANCY	
STREET ADDRESS	201 OSPREY VILLAS CT	
CITY-ST-ZIP	Melbourne Beach FL 32951	
TITLE	TREASURER - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIRNS, JERRY	
STREET ADDRESS	207 OSPREY VILLAS COURT	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McMullen, Thomas	
STREET ADDRESS	208 Osprey Villas Ct	
CITY-ST-ZIP	Melbourne Beach FL 32951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/2/2001** Daytime Phone #: **(321) 951-3219**

CR2E037 (10/00)