


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90721 036 ****61.25

DOCUMENT # N96000005927

1. Entity Name
OSPREY VILLAS AT AQUARINA HOMEOWNERS ASSOCIATION, INC.




Principal Place of Business
**235 HAMMOCK SHORE DRIVE
 MELBOURNE BEACH, FL 32951**

Mailing Address
**100 VISTA ROYALE BLVD
 VERO BEACH, FL 32962**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01062004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3440368

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BEALS, ROBERT L ESQ
 1800 WEST HIBISCUS BLVD
 SUITE 138
 MELBOURNE, FL 32902-1870**

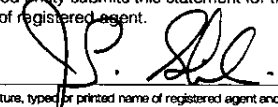
7. Name and Address of New Registered Agent

Name
James Shiskin

Street Address (P.O. Box Number is Not Acceptable)
203 Osprey Villas Ct

City **Melbourne Beach** FL Zip Code **32951**

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:  **JAMES P. SHISKIN** DATE: **2.9.04**

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, 2004

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

Make check payable to Florida Department of State

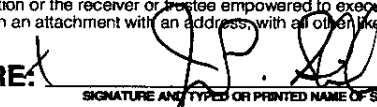
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OFFENHAUSER, WILLIAM 206 OSPREY VILLAS CT MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CRAWFORD, NANCY 201 OSPREY VILLAS COURT MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAIRNS, JERRY 207 OSPREY VILLAS COURT MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D Shiskin, James Ct 203 Osprey Villas Ct Melbourne Beach, FL 32951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST McMullen, Shirley 208 Osprey Villas Ct Melbourne Bch, FL 32951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mahoney, Charles 204 Osprey Villas Ct Melbourne Beach, FL 32951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **JAMES P. SHISKIN** DATE: **2.9.04** DAYTIME PHONE #: **321.951.0020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR