


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90333 008 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-3440368				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHISKIN, JAMES 203 OSPREY VILLAS CT MELBOURNE BEACH, FL 32951			Name <i>Shirley McMullen</i> Street Address (P.O. Box Number is Not Acceptable) <i>208 OSPREY VILLAS CT</i> City <i>Melbourne Beach</i> FL Zip Code <i>32951</i>		
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: <i>Shirley McMullen, Sec</i>		DATE: <i>3/22/05</i>			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHISKIN, JAMES		NAME		
STREET ADDRESS	203 OSPREY VILLAS CT		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMULLEN, SHIRLEY		NAME		
STREET ADDRESS	208 OSPREY VILLAS CT		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, CHARLES		NAME		
STREET ADDRESS	204 OSPREY VILLAS CT		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP		
TITLE	<i>VP</i>	<input type="checkbox"/> Delete	TITLE	<i>VP</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>CAIRNS, Gerald</i>	
STREET ADDRESS			STREET ADDRESS	<i>207 OSPREY VILLAS CT</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Melbourne Beach, FL 32951</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Shirley McMullen Secretary/Treasurer</i>		DATE: <i>3/22/05</i>		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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