

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-10-2003 90451 001 ****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**

55010997



CHECK HERE IF MAKING CHANGES

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

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

4. FEI Number **59-3440368**
Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCMULLEN, THOMAS	
STREET ADDRESS	208 OSPREY VILLAS COURT	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BARRY, PAUL	
STREET ADDRESS	213 OSPREY VILLAS COURT	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	VDI	<input type="checkbox"/> Delete
NAME	CRAWFORD, NANCY	
STREET ADDRESS	201 OSPREY VILLAS COURT	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAIRNS, JERRY	
STREET ADDRESS	207 OSPREY VILLAS COURT	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Offenhausen	
STREET ADDRESS	208 Osprey Villas Ct D	
CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" 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		
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: **William Offenhausen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-03 **321-724-2640**
Date Daytime Phone #

CR2E037 (10/02)