## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 22, 2002 8:00 am Secretary of State DOCUMENT # N9700006123 03-22-2002 90061 002 \*\*\*\*61.25 OSPREY POINTE HOMEOWNERS ASSOCIATION OF TITUSVIL LE, INC. Mailing Address Principal Place of Business 6641 SOUTHWEST 70TH LANE 6641 SOUTHWEST 70TH LANE SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0810299 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MILLER, FRANK E 6641 SOUTHWEST 70TH LANE **SOUTH MIAMI FL 33143** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME LUCIDO, CHARLES A NAME STREET ADDRESS STREET ADDRESS P O BOX 673 CITY-ST-ZIP CITY-ST-ZIP **GENEVA NY 14456** ☐ Addition Change TITI F Delete TITLE NAME Lucido. Corrine NAME STREET ADDRESS 9301 MOSS HAVEN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75231. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME THOMPSON, JOHN M STREET ADDRESS 6101 ROLLING ROAD DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PINECREST FL 33156 ☐ Addition Change ☐ Delete TITLE TITLE MILLER, FRANK E NAME NAME STREET ADDRESS **6641 SW 70TH LANE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SO. MIAMI FL 33143 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

**FILED**