



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90003 020 \*\*\*\*70.00

<b>DOCUMENT # N97000006123</b> 1. Entity Name <b>OSPREY POINTE HOMEOWNERS ASSOCIATION OF TITUSVILLE, INC.</b>					
Principal Place of Business <b>6641 SOUTHWEST 70TH LANE SOUTH MIAMI, FL 33143</b>			Mailing Address <b>6641 SOUTHWEST 70TH LANE SOUTH MIAMI, FL 33143</b>		
2. Principal Place of Business <b>PO Box 1034</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 1034</b> Suite, Apt. #, etc.		<b>54055381</b> 	
City & State <b>Titusville, FL</b>		City & State <b>Titusville FL</b>		4. FEI Number <b>65-0810299</b>	
Zip <b>32781</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MILLER, FRANK E 6641 SOUTHWEST 70TH LANE SOUTH MIAMI, FL 33143</b>				7. Name and Address of New Registered Agent Name <b>Mobley, James A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3750 Fox Lake Rd</b> City <b>Titusville</b> <b>FL</b> Zip Code <b>32796</b>	
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: <u><i>James A Mobley</i></u> <b>director</b> <span style="float: right;">5/20/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LUCIDO, CHARLES A</b> <b>P O BOX 673</b> <b>GENEVA, NY 14456</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Human, Don D.</b> <b>1965 Tranquility Lane</b> <b>Titusville FL 32796</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LUCIDO, CORRINE</b> <b>9301 MOSS HAVEN DRIVE</b> <b>DALLAS, TX 75231</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Kacer, John R.</b> <b>3760 Fox Lake Rd</b> <b>Titusville, FL 32796</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMPSON, JOHN M</b> <b>6101 ROLLING ROAD DRIVE</b> <b>PINECREST, FL 33156</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Mobley, James A.</b> <b>3750 Fox Lake Rd</b> <b>Titusville FL 32796</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLER, FRANK E</b> <b>6641 SW 70TH LANE</b> <b>SO. MIAMI, FL 33143</b>	<input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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.					
<b>SIGNATURE: <u><i>James A Mobley</i></u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>5/20/04 321-383-8362</b> <small>Date Daytime Phone #</small>		