

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002165

1. Entity Name

OSPREY CIVIC ASSOCIATION, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90080 048 \*\*\*\*61.25

Principal Place of Business

Mailing Address

224 PALMETTO AVE.  
 OSPREY FL 34229-9376

224 PALMETTO AVE.  
 OSPREY FL 34229-9376



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0929628

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, JUDITH A  
 224 PALMETTO AVE.  
 OSPREY FL 34229-9376

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.

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/P/C JUDITH ANNE JOHNSON
STREET ADDRESS	224 PALMETTO AVENUE
CITY-ST-ZIP	OSPREY FL 34229-9376
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/T MARY ANN GENTILE
STREET ADDRESS	202 PALMETTO AVENUE
CITY-ST-ZIP	OSPREY FL 34229-9380
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S JENNIFER DYER
STREET ADDRESS	23 COLUMBIA AVENUE
CITY-ST-ZIP	OSPREY FL 34229
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D NORMA MARTIN
STREET ADDRESS	1710 VANDER DRIVE
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C/D DONALD R. KEEN
STREET ADDRESS	137 PENNSYLVANIA AVENUE
CITY-ST-ZIP	OSPREY FL 34229
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D GENEVA REARDON
STREET ADDRESS	116 EAST CHURCH STREET
CITY-ST-ZIP	OSPREY FL 34229

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: *Judith A. Johnson* REQUIRE (JUDITH A. JOHNSON) 4/27/00 941 966-5010 966-7941