2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N99000002165

Entity Name: OSPREY CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

224 PALMETTO AVE.
OSPREY, FL 342299376

New Principal Place of Business:

Current Mailing Address:

224 PALMETTO AVE.
OSPREY, FL 342299376

New Mailing Address:

FEI Number: 65-0929628 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, JUDITH A
224 PALMETTO AVE.
OSPREY, FL 342299376

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DPC	( ) Delete
Name:	JOHNSON, JUDITH A	
Address:	224 PALMETTO AV	
City-St-Zip:	OSPREY, FL 34229	
Title:	DT	( ) Delete
Name:	GENTILE, MARY A	
Address:	202 PALMETTO AV	
City-St-Zip:	OSPREY, FL 34229	
Title:	S	( ) Delete
Name:	ORRIS, CAROLE L	
Address:	224B PALMETTO AVE	
City-St-Zip:	OSPREY, FL 34229	
Title:	D	( ) Delete
Name:	MARTIN, NORMA	
Address:	1710 VAMO DR	
City-St-Zip:	SARASOTA, FL 34231	
Title:	CD	( ) Delete
Name:	KEEN, DONALD R	
Address:	137 PENNSYLVANIA AV	
City-St-Zip:	OSPREY, FL 34229	
Title:	D	( ) Delete
Name:	REARDON, GENEVA	
Address:	116 E CHURCH ST	
City-St-Zip:	OSPREY, FL 34229	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANN GENTILE DT 04/29/2004

Electronic Signature of Signing Officer or Director — Date