

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90184 018 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000062185

1. Corporation Name

OSPREY REAL ESTATE INVESTORS, INC.



Principal Place of Business

Mailing Address

~~2440 NO. TAMiami TRAIL~~
~~NOKOMIS FL 34275~~

~~2440 NO. TAMiami TRAIL~~
~~NOKOMIS FL 34275~~

143 NORTH LANE
OSPREY, FL 34229

P.O. BOX 550
OSPREY, FL 34229

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1993

4. FEI Number

65-0484567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBENALT, JOHN F

~~2440 NO. TAMiami TRAIL~~
~~NOKOMIS FL 34275~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

143 NORTH LANE

83

84 City

OSPREY

FL

85

Zip Code

34229

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	1.1 TITLE	
NAME	ROBENALT, VANCENE F	1.2 NAME	
STREET ADDRESS	887 MAGEWEN DRIVE	1.3 STREET ADDRESS	143 NORTH LANE
CITY-ST-ZIP	OSPREY FL	1.4 CITY-ST-ZIP	OSPREY, FL 34229
TITLE	VP	2.1 TITLE	
NAME	ROBENALT, JOHN F	2.2 NAME	
STREET ADDRESS	887 MAGEWEN DRIVE	2.3 STREET ADDRESS	143 NORTH LANE
CITY-ST-ZIP	OSPREY FL	2.4 CITY-ST-ZIP	OSPREY, FL 34229
TITLE	PS	3.1 TITLE	
NAME	THOMAS B. LUZIER,	3.2 NAME	
STREET ADDRESS	2440 NO. TAMiami TRAIL	3.3 STREET ADDRESS	143 NORTH LANE
CITY-ST-ZIP	NOKOMIS FL	3.4 CITY-ST-ZIP	OSPREY, FL 34229
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

941-966-7755

Daytime Phone #

CR2E034 (11/98)