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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000022852 (5)

OSPREY VILLAS, INC.

| C-11 | No. 1 | lusines | |
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Mailing Address

FILED
May 09 1997 8:00am
Secretary of State



| 6385 PRESIDENTIAL COURT STE. 108B 6385 PRESIDENTIAL COURT STE. 108B FORT MYERS FL 33919-3510 | | | | | | | |
|---|--|--|--|--|--|--|--|
| 3. Date Inc. 03/21/ | corporated or Qualified 3a. Date of Last Report 04/30/1996 | | | | | | |
| 2. Principal Place of Business 2a. Mailing Address 4. FEI Nun | 1 [1.1bbitoo.0, 1 | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | S8 75 Additional | | | | | | |
| 27 5. Certifica | ale of Status Desired Fee Required | | | | | | |
| 23 28 Trust Fu | Campaign Financing \$5.00 May Be and Contribution Added to Fees | | | | | | |
| | Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Types No | | | | | | |
| 9, Name and Address of Current Registered Agent 10, Name a | 10, Name and Address of New Registered Agent | | | | | | |
| STEGE, WILLIAM L ESQ. 81 Name | | | | | | | |
| POMPANO BEACH FL 33062 | Number is Not Acceptable) | | | | | | |
| 83 | • | | | | | | |
| 84 City | FL 85 Zip Code | | | | | | |
| 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 regist 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 registed 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 file if applicable (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIO | NS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | |
| TITLE PID DELETE 1.17HLE | ☐ Change ☐ Addition | | | | | | |
| NAME SLOAN, CHARLES J 1,2 MAIME | | | | | | | |
| STREET ADDRESS 6385 PRESIDENTIAL COURT STE. 108B | | | | | | | |
| CITY-ST-ZIP FORT MYERS FL 33919 14 DITY-ST-ZIP | | | | | | | |
| TITLE D 21 INLE | Change | | | | | | |
| NAME SLOAN, PETA J | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP 6385 PRESIDENTIAL CT SUITE 108D 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP | İ | | | | | | |
| CITY-ST-ZIP | Change Addition | | | | | | |
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| NAME . 4.2 NAME | | | | | | | |
| STREET ADDRESS 4.3 STREET ADDRESS | 1 | | | | | | |
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| NAME 5.2 NAME | | | | | | | |
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| CITY-ST-ZIP | Change Addition | | | | | | |
| NAME 6.2 NAME | CT Origings CT Modified 1 | | | | | | |
| STREET ADDRESS 63 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP | | | | | | | |

14. I do 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 eath; 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.

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4/29/97

141-484-1029