PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Kathorine Harris

DIVISION OF CORPORATIONS

DOCUMENT # P98000013939

CASA LINDA OF OSPREY, INC.

NAME

STREET ADDRESS

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Principal Place of Business Mailing Address							- 1 INCLINATE FOR THE STATE OF	ELDDÆ HUND IS	lind Etitin (dil) tamı	
419 CECANNE DR. 419 CECANNE DR.										
OSPREY FL 34229 OSPREY FL 34229						DO NOT WRITE IN THIS	SPACE			
}	•						3. Date Incorporated or Qualified	JI AUL		7
							02/11/1998			
2. Principal P	Place of Business	2a.	Mailing Address				4. FEI Number		Applied For	1
21		26	•				65-0817048		Not Applicable] '
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	}
22		27	· · · · · · · · · · · · · · · · · · ·				5. Carricale of Clares Desired	Fee	Required	
City & Stat	le		City & State			_	6. Election Campaign Financing		O. May Be	-
23		28					Trust Fund Contribution		d to Fees	-
Zip	Country	-	Zip	Cour	ntry		8. This corporation owes the current year Int	angible Yes	□No	1
24	9. Name and Address of Curre	29		30			Personal Property Tax. 10. Name and Address of New Registered		<u> </u>	1
	5. Raille and Address of Colle	in region	reled Agent		81	Name	10. Isame and Addition of the Indiana.			1
PRE	WETT, DANIEL L	-		- 1	_	 				4
5777	7 BENEVA RD. S.				82	Street Addres	ss (P.O. Box Number is Not Acceptable)			ĺ
SAR	ASOTA FL 34233		_	Ī	83					1
				ļ		Cit.		05 74	Code	1
				Ì	84	City	FL	85 Zi	COME	
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 50 of Florid	07.1508, Florida Statute a. Such change was at Section 607.0505, Flor	s, the ab thorized	by t	named corporation	ration submits this statement for the purpose of a's board of directors. I hereby accept the appoi	changing in	ts registered registered	
SIGNATURE			A.							t
SIGNATURE						aignature required v	when reinstating) DATE			
L	Signature, typed or printed name of registered agr			Heaghstared /	Appent					1 60
12.	OFFICERS AI		CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			8
TITLE	OFFICERS AI			13. 21 ΠΠ	u£			D DIRECT		(11/98)
TITLE NAME	OFFICERS AI D GREGORY, GEORGE		CTORS	13. 21 TITI 12 NA	LE					034 (11/98)
NAME STREET ADORESS	OFFICERS AI D GREGORY, GEORGE 419 CECANNE DR.		CTORS	13. 2.1 TITO 12 NA 13 STF	LE ME	ADDRESS				2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZP	OFFICERS AI D GREGORY, GEORGE		CTORS DELETE	13. 1.1 TITE 12 NA 13 STF 14 CIT	LE ME ME Y-ST-	1		☐ Change	→ Addition	CR2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AI D GREGORY, GEORGE 419 CECANNE DR.		CTORS	13. 21 TM 12 NA 13 STR 14 CIF 21 TM	LE ME Y-ST-	1			→ Addition	CR2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AI D GREGORY, GEORGE 419 CECANNE DR.		CTORS DELETE	13. 21 TITI 12 NAV 13 STF 14 CIT 21 TITI 22 NAV	LE ME SEET / Y-ST- LE	ZIP		☐ Change	→ Addition	CR2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-DP TITLE NAME STREET ADDRESS	OFFICERS AI D GREGORY, GEORGE 419 CECANNE DR.		CTORS DELETE	13. 2.1 TM 12 NA 13 STF 14 CT 2.1 TM 22 NA 2.3 STF	VE VEET / V-ST- LE VEET /	ADORESS		☐ Change	→ Addition	CR2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI D GREGORY, GEORGE 419 CECANNE DR.		CTORS DELETE	13. 21 TITI 12 NAV 13 STF 14 CIT 21 TITI 22 NAV	LE ME Y-91- LE ME Y-S1-	ADORESS		☐ Change	Addition	CR2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-DP TITLE NAME STREET ADDRESS	OFFICERS AI D GREGORY, GEORGE 419 CECANNE DR.		CTORS DELETE	13. 2.1 TITI 12 NA 13 STF 14 CIT 21 TITI 22 NA 2.3 STF 2.4 CIT	E VE VI ST LE VI ST L	ADORESS		☐ Change	Addition	CR2E034 (11/98)
TITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME	OFFICERS AI D GREGORY, GEORGE 419 CECANNE DR.		CTORS DELETE	13. 2.1 TM 12 NAV 13 STF 14 CT 2.1 TM 2.2 NAV 2.3 STF 2.4 CM 3.5 TTM 3.2 NAV	ME SEET / Y-ST- LE Y-ST- Y-ST- LE WE Y-ST-	ADORESS		☐ Change	Addition	CR2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AI D GREGORY, GEORGE 419 CECANNE DR.		CTORS DELETE	13. 2.1 TM 12 NAV 13 STF 14 CT 2.1 TM 2.2 NAV 2.3 STF 2.4 CM 3.5 TTM 3.2 NAV	ME SEET / FET /	ADDRESS		☐ Change	Addition	CR2E034 (11/98)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI D GREGORY, GEORGE 419 CECANNE DR.		DELETE DELETE DELETE	13. 2.1 TITI 12 NAV 13 STF 14 CIT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.2 NAV 4.3 STR 4.4 CIT 5.1 TITI 5.2 NAV	LE SEET / Y-ST-LE SEE	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS		Change	Addition Addition Addition	CR2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AI D GREGORY, GEORGE 419 CECANNE DR.		DELETE DELETE DELETE	13. 2.1 TITI 12 NAV 13 STF 14 CIT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.2 NAV 4.3 STR 4.4 CIT 5.1 TITI 5.2 NAV	ME SEET/ Y-ST- LE ME SEET/ LE	ADDRESS ADDRESS ADDRESS ADDRESS		Change	Addition Addition Addition	CR2E034 (11/98)

CITY-ST-ZIP 14. Thereby 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.

62 NAME

6.3 STREET ADDRESS

5.4 C/TY-ST-ZIP

May 07, 1999 8:00 am Secretary of State

05-07-1999 90039 001 ***150.00