

FILE NOW: FILING FEE AFTER MAY '98 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90058 023 \*\*\*158.75

DOCUMENT # P98000107389  
1. Corporation Name  
OSPREY COVE FLORIDA, INC.

Principal Place of Business Mailing Address  
222 Lakeview Avenue  
Suite 800  
West Palm Beach, FL 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 209 Phipps Plaza 26 209 Phipps Plaza  
Suite. Apt. #, etc. Suite. Apt. #, etc.  
22 City & State 27 City & State  
23 Palm Beach, FL 28 Palm Beach, FL  
24 Zip 33480 25 Country USA 29 Zip 33480 30 Country USA

3. Date Incorporated or Qualified  
12-29-98  
4. FEI Number 65-0900425 Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees  
8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Marvin Rosen  
222 Lakeview Drive, Ste. 800  
West Palm Beach, FL 33401

10. Name and Address of New Registered Agent

81 Name Richard JERMAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
209 Phipps Plaza  
83  
84 City Palm Beach FL 85 Zip Code 33480

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

Richard JERMAN 4-30-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Geri Marchessault	1.2 NAME	
STREET ADDRESS	209 PHIPPS PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard A. JERMAN	2.2 NAME	
STREET ADDRESS	209 PHIPPS PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Josh Mendelsohn	3.2 NAME	
STREET ADDRESS	209 Phipps Plaza	3.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Beach, FL 33480	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 supplement to 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 agent for 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, on the report with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geri Marchessault 4-30-99 561-835-1810  
Geri Marchessault, President