

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

0138556 AV

**DOCUMENT # P99000104203**

1. Entity Name  
**GHA OSPREY POINTE, INC.**



Principal Place of Business  
**2121 GRAND HARBOR BOULEVARD  
VERO BEACH FL 32967**

Mailing Address  
**3755 7 TERRACE  
VERO BEACH FL 32960**

**11029414**



2. Principal Place of Business  
**3755 7th Terrace,**

3. Mailing Address  
**3755 7th Terrace**

Suite, Apt. #, etc.  
**Suite 301**

Suite, Apt. #, etc.  
**Suite 301**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Vero Beach, FL**

City & State  
**Vero Beach, FL**

4. FEI Number **65-0973436**

Applied For  
☐ Not Applicable

Zip Country  
**32960 US**

Zip Country  
**32960 US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HENN, PETER J  
2121 GRAND HARBOR BOULEVARD  
VERO BEACH FL 32967**

Name  
**Henn, Peter J.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3755 7th Terrace  
Suite 301  
City Vero Beach, FL Zip Code FL 32960**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>HENN, PETER J</b>	
STREET ADDRESS	<b>2121 GRAND HARBOR BOULEVARD</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32967</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>STORETVEDT, J.P.</b>	
STREET ADDRESS	<b>2121 GRAND HARBOR BLVD.</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32967</b>	
TITLE	VS	<input type="checkbox"/> Delete
NAME	<b>NORTH, ANNABEL</b>	
STREET ADDRESS	<b>3755 7TH TERRACE SUITE 301</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>	
TITLE	VT	<input type="checkbox"/> Delete
NAME	<b>MCLAIN, MARY</b>	
STREET ADDRESS	<b>3755 7TH TERRACE SUITE 301</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Henn, Peter J.</b>	
STREET ADDRESS	<b>3755 7th Terrace, Suite 301</b>	
CITY-ST-ZIP	<b>Vero Beach, FL 32960</b>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Storetvedt, Jan Petter</b>	
STREET ADDRESS	<b>3755 7th Terrace, Suite 301</b>	
CITY-ST-ZIP	<b>Vero Beach, FL 32960</b>	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>North, Annabel</b>	
STREET ADDRESS	<b>3755 7th Terrace, Suite 301</b>	
CITY-ST-ZIP	<b>Vero Beach, FL 32960</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PETER J. HENN** Date **7-22-2008-0180**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)