
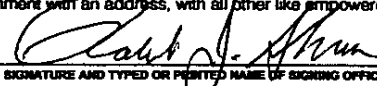


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90066 015 ****61.25

DOCUMENT # N0100002228 1. Entity Name OSPREY VILLAGE AT CEDAR CREEK, INC.			
Principal Place of Business 280 EAST MERRITT AVENUE MERRITT ISLAND, FL 32953		Mailing Address POB 541054 MERRITT ISLAND, FL 32954	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02072008		Chg-NP	CR2E037 (12/06)
4. FEI Number 51-0425535		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSLEY, CURTIS R ESQ. 1221 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: BLAUE, ROBERT L STREET ADDRESS: 4321 TIMOTHY DRIVE CITY-ST-ZIP: MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: GAIL WILLIAMS STREET ADDRESS: 4251 TIMOTHY DRIVE CITY-ST-ZIP: MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: MURRAY, THOMAS L STREET ADDRESS: 4401 TIMOTHY DRIVE CITY-ST-ZIP: MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete	TITLE: VPD NAME: JOE DILIBERTO STREET ADDRESS: 4181 TIMOTHY DRIVE CITY-ST-ZIP: MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: SHEAR, ROBERT STREET ADDRESS: 571 PRICILLA PL CITY-ST-ZIP: MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: WILLIAMS, GAIL STREET ADDRESS: 4251 TIMOTHY DR CITY-ST-ZIP: MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: JANICE EMPSON STREET ADDRESS: 4161 TIMOTHY DRIVE CITY-ST-ZIP: MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SEYMOUR, WANDA STREET ADDRESS: 4351 TIMOTHY DRIVE CITY-ST-ZIP: MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: 		Feb. 8, 2008 (321) 449-0502	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	