

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90034 002 ****61.25

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01222008 Chg-NP CR2E037 (12/06)

DOCUMENT # N50298					
1. Entity Name OSPREY POINTE NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 16105 N. FLORIDA STE A LUTZ, FL 33549 US		Mailing Address 16105 N. FLORIDA STE A LUTZ, FL 33549 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3151551	
Applied For Not Applicable					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEZER, STEVEN 220 S FRANKLIN TAMPA, FL 33602			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			1801 N. Highland Ave		
			City	Tampa	FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, REGINA		NAME		
STREET ADDRESS	16105 N FLORIDA # A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENIGNO, ANN		NAME	Michael L. Walters	
STREET ADDRESS	16105 FLORIDA #A		STREET ADDRESS	16105 N. Florida Ave # A	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	Tampa, FL 33549	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, WAYNE		NAME		
STREET ADDRESS	16105 N FLORIDA #A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, CARROLL		NAME		
STREET ADDRESS	16105 N FLORIDA #A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMAN, GEORGES		NAME		
STREET ADDRESS	16105 N FLORIDA #A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Wayne Crawford</u>			Date: <u>4/09/08</u> Daytime Phone #: <u>813-991-4106</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					