


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000000131

1. Entity Name
 OSPREY COVE HOMEOWNER'S ASSOCIATION OF HOBE SOUND, INC.



Principal Place of Business ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401	Mailing Address ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401
--	--

DO NOT WRITE IN THIS SPACE



02172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0926994	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOSOY, BRIAN D
 ONE NORTH CLEMATIS STREET
 SUITE 305
 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

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, 2005

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

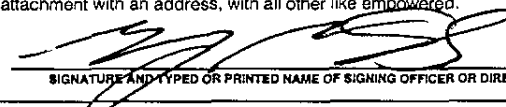
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MOROSS, GREGORY S ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COSTELLO, VINCENT J ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HAMILTON, THOMAS ONENORTH CLEMATIS ST., SUITE 305 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000990335
 04/25/05-80158-004 70.00

DO NOT WRITE IN THIS SPACE

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 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:  Gregory S. Moross ^{04/06/05}
 Vice President Daytime Phone # 561-835-1810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR