


**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

5/8

05-08-2006 90271 007 \*\*\*\*61.25

<b>DOCUMENT # N98000000131</b>			
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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KOSDY, BRIAN D ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401		Name <u>JANE COANETT, Esq.</u> Street Address (P.O. Box Numbers Not Acceptable) <u>401 EAST OSPREY ST</u> City <u>STUART</u> FL Zip Code <u>34994</u>	
Bristol Management 735 Colorado Ave #3 Stuart, FL 34994		Diane Mundt, CLM	
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 <u>Diane Mundt</u>			
Filing Fee is \$81.25 Due by May 1, 2006			
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	VSD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOROSS, GREGORY S	NAME	<u>TABASUMBA SIKULINGS, DAVID</u>
STREET ADDRESS	ONE NORTH CLEMATIS STREET, SUITE 305	STREET ADDRESS	<u>10123 SE OSPREY PT. DR.</u>
CITY-STATE-ZIP	WEST PALM BEACH, FL 33401	CITY-STATE-ZIP	<u>HOBE SOUND, FL 33455</u>
TITLE	DV <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSTELLO, VINCENT J	NAME	<u>AT-LARGE ESPOSITO, DON</u>
STREET ADDRESS	ONE NORTH CLEMATIS STREET, SUITE 305	STREET ADDRESS	<u>8946 SE DAYBERRY TERRACE</u>
CITY-STATE-ZIP	WEST PALM BEACH, FL 33401	CITY-STATE-ZIP	<u>HOBE SOUND, FL 33455</u>
TITLE	PTD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, THOMAS	NAME	
STREET ADDRESS	ONENORTH CLEMATIS ST., SUITE 305	STREET ADDRESS	
CITY-STATE-ZIP	WEST PALM BEACH, FL 33401	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>KROSI DONT</u>	NAME	
STREET ADDRESS	<u>9796 SE OSPREY PT DR.</u>	STREET ADDRESS	
CITY-STATE-ZIP	<u>HOBE SOUND, FL 33455</u>	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>COOKING, RICHARD</u>	NAME	
STREET ADDRESS	<u>8946 SE OSPREY PT. DR.</u>	STREET ADDRESS	
CITY-STATE-ZIP	<u>HOBE SOUND, FL 33455</u>	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>SECRETARY PIERCE, BETH</u>	NAME	
STREET ADDRESS	<u>9811 SE OSPREY PT. DR.</u>	STREET ADDRESS	
CITY-STATE-ZIP	<u>HOBE SOUND, FL 33455</u>	CITY-STATE-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 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>Douglas S. Most</u>		Date <u>4-24-06</u> Chapter Page <u>772-219-2224</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>DOUGLAS S. MOST, President</u>			

66021331



04192006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0826994 (Applied For Not Applicable)

8. Certificate of Status Desired  \$8.75 Additional Fee Required

SIGNATURE: Douglas S. Most  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DOUGLAS S. MOST, President