


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

DOCUMENT # N98000000131

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



FILED

06 AUG 16 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Bristol Management

3. Mailing Address
same

Suite, Apt. #, etc.
735 Colorado Ave #3

Suite, Apt. #, etc.

07132006 Chg-NP CR2E037 (4/06)

City & State
STUART FL

City & State

4. FEI Number
65-0926994

Applied For
Not Applicable

Zip
34994

Country
USA

Zip Country

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

6. Name and Address of Current Registered Agent

MUNDT, DIANE
BRISTOL MANAGEMENT
735 COLORADO AVE #3
STUART, FL 34994

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 *Diane Mundt*

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

Amended AR is **\$61.25**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSS, DOUGLAS 9798 SE OSPREY PT. DR HOBE SOUND, FL 33455 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOLIDGE, RICHARD 9942 SE OSPREY PT. DR HOBE SOUND, FL 33455 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIERCE, BATTY 9811 SE OSPREY PT. DR HOBE SOUND, FL 33455 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T David Skillings 10123 SE Osprey Pt. Dr. Hobe Sound, FL 33455 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Don Esposito 8946 SE Bayberry Ter. Hobe Sound, FL 33455 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200078884132 08/18/06--01044--005 **\$61.25
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *[Signature]* **7/14/06** **777-719-2224**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #