


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90068 049 ****61.25

DOCUMENT # N98000000131

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



Principal Place of Business
**C/O BRISTOL MANAGEMENT
 735 COLORADO AVENUE, #3
 STUART, FL 34994 US**

Mailing Address
**C/O BRISTOL MANAGEMENT
 735 COLORADO AVENUE, #3
 STUART, FL 34994 US**

40074576



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03292007 Chg-NP CR2E037 (12/06)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
65-0926994

Applied For
 Not Applicable

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, LCAM, Prop Mgr.* DATE *3/29/07*

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

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	P	<input checked="" type="checkbox"/> Delete
NAME	MOSS, DOUGLAS	
STREET ADDRESS	9798 SE OSPREY PT. DR	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	COOLIDGE, RICHARD	
STREET ADDRESS	9942 SE OSPREY PT. DR	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	S	<input type="checkbox"/> Delete
NAME	PIERCE, BUTTY	
STREET ADDRESS	9811 SE OSPREY PT. DR	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SKILLINGS, DAVID	
STREET ADDRESS	10123 SE OSPREY POINT DRIVE	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ESPOSITO, DON	
STREET ADDRESS	8946 SE BAYBERRY TERRACE	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Donovan	
STREET ADDRESS	10026 SE Osprey Pointe Dr.	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerald Quickel	
STREET ADDRESS	9871 SE Osprey Pt. Dr.	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walter Rynasko	
STREET ADDRESS	9834 SE Crape Myrtle Ct.	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Brown	
STREET ADDRESS	9751 SE Osprey Pt. Dr.	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 *[Signature]* DATE *4/12/07*

Signature, typed or printed name of signing officer or director