


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90045 002 ****61.25

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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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03272008 Chg-NP CR2E037 (12/06)

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

AMY CHERENYOCK
 543 NW Lake Whitney Place
 Suite 101
 Port St Lucie, FL 34986

7. Name and Address of New Registered Agent

Name
 AMY CHERENYOCK

Street Address (P.O. Box Number is Not Acceptable)
 Bristol Management
 543 NW Lake Whitney Place Suite 101

City
 Port St Lucie FL Zip Code
 34986

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 _____ DATE _____
 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, 2008

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	P DONOVAN, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	10026 SE OSPREY POINTE DR	
CITY - ST - ZIP	HOBE SOUND, FL 33455	
TITLE NAME	T QUICKEL, GERALD	<input type="checkbox"/> Delete
STREET ADDRESS	9871 SE OSPREY PT. DR	
CITY - ST - ZIP	HOBE SOUND, FL 33455	
TITLE NAME	S PIERCE, BUTTY	<input type="checkbox"/> Delete
STREET ADDRESS	9811 SE OSPREY PT. DR	
CITY - ST - ZIP	HOBE SOUND, FL 33455	
TITLE NAME	VP RYNASKO, WALTER	<input type="checkbox"/> Delete
STREET ADDRESS	9834 SE CRAPE MYRTLE CT	
CITY - ST - ZIP	HOBE SOUND, FL 33455	
TITLE NAME	D BROWN, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	9751 SE OSP PT. DR.	
CITY - ST - ZIP	HOBE SOUND, FL 33455	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ Date _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR