

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004292

FILED
Apr 13, 2007
Secretary of State

Entity Name: OSPREY RUN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3711803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 - STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUTLER, FRANK
Address: 6338 OSPREY LAKE CIRCLE
City-St-Zip: RIVERVIEW, FL 33569

Title: SD () Delete
Name: VINAS, MARTHA
Address: 6022 OSPREY LAKE CIRCLE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: COLON, MILAGROS
Address: 6110 OSPREY LAKE CIRCLE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BUTLER, FRANK
Address: 6249 OSPREY LAKE CIRCLE
City-St-Zip: RIVERVIEW, FL 33569

Title: VPD (X) Change () Addition
Name: CLARK, MICHAEL
Address: 10609 FOXCREST WAY
City-St-Zip: RIVERVIEW, FL 33569

Title: STD (X) Change () Addition
Name: CHUANICO, NANCY
Address: 6027 OSPREY LAKE CIRCLE
City-St-Zip: RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK BUTLER

PD

04/13/2007

Electronic Signature of Signing Officer or Director

Date