


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90038 014 ****61.25

DOCUMENT # N06000008277					
1. Entity Name OSPREY POINTE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 6767 NORTH WICKHAM ROAD SUITE 500 MELBOURNE, FL 32940			Mailing Address C/O BEASON'S INC 12650 WHITEHALL DR FORT MYERS, FL 33907		
2. Principal Place of Business - No P.O. Box # 2206 SW 52ND ST		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CAPE CORAL, FL		City & State		4. FEI Number 20-8166951	
Zip 33914		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VANDALL, BONITA D 12650 WHITEHALL DR FORT MYERS, FL 33907			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 VTSD NAME PERRY, LISA STREET ADDRESS 12751 NEW BRITTANY BLVD. CITY-ST-ZIP FT. MYERS, FL 33907	<input checked="" type="checkbox"/> Delete		TITLE PD NAME REECE, DAVID STREET ADDRESS 2206 SW 52ND ST CITY-ST-ZIP CAPE CORAL, FL 33914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME WOLF, SCOTT STREET ADDRESS 12751 NEW BRITTANY BLVD. CITY-ST-ZIP FT. MYERS, FL 33907	<input checked="" type="checkbox"/> Delete		TITLE SD NAME GIBSON, GENE STREET ADDRESS 5225 SW 22ND PL CITY-ST-ZIP CAPE CORAL, FL 33914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SIGMUND, JAMES L STREET ADDRESS 6767 NORTH WICKHAM ROAD SUITE 500 CITY-ST-ZIP MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete		TITLE TD NAME FOEBEL, SANDRA STREET ADDRESS 5226 SW 22ND AVE CITY-ST-ZIP CAPE CORAL, FL 33914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-4-08 502-644-3267 Date Daytime Phone #		