

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006347

FILED
Mar 04, 2009
Secretary of State

Entity Name: OSPREY COVE (ORANGE COUNTY) HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8429 BAYWOOD VISTA DR
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 608744
ORLANDO, FL 32860

New Mailing Address:

FEI Number: 59-3478698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANFILIPPO, JOSEPH
8429 BAYWOOD VISTA DR.
ORLANDO, FL 32810 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: MITCHELL, ZACHARY
Address: 5650 NEW CAMBRIDGE RD
City-St-Zip: ORLANDO, FL 32810

Title: VP () Delete
Name: COLON, RAY
Address: 5533 NEW CAMBRIDGE RD
City-St-Zip: ORLANDO, FL 32810

Title: ST () Delete
Name: FRISARD, LINDA
Address: 5602 NEW CAMBRIDGE RD
City-St-Zip: ORLANDO, FL 32810

Title: ST (X) Delete
Name: EVANS, KATRICE
Address: 5524 NEW CAMBRIDGE RD
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: EVANS, KATRICE
Address: 5524 NEW CAMBRIDGE RD
City-St-Zip: ORLANDO, FL 32810

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH SANFILIPPO

CAM

03/04/2009

Electronic Signature of Signing Officer or Director

Date