

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00811

**Entity Name:** OSPREY CREEK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

COASTAL PROPERTY MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE400  
STUART, FL 34994

**Current Mailing Address:**

COASTAL PROPERTY MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE400  
STUART, FL 34994 US

**FEI Number:** 59-2382041

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROSS EARLE & BONAN, P.A.  
789 S. FEDERAL HIGHWAY  
STE. 101  
STUART, FL 34994 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PROVINES, STEVE  
Address        COASTAL PROPERTY MANAGEMENT  
                 10 SE CENTRAL PARKWAY SUITE400

City-State-Zip:    STUART FL 34994

Title            SECRETARY  
Name            CARDINALE, DIANA  
Address        COASTAL PROPERTY MANAGEMENT  
                 10 SE CENTRAL PARKWAY SUITE400

City-State-Zip:    STUART FL 34994

Title            VP  
Name            PRIMAVERA, WILLIAM  
Address        COASTAL PROPERTY MANAGEMENT  
                 10 SE CENTRAL PARKWAY SUITE400

City-State-Zip:    STUART FL 34994

Title            TREASURER  
Name            FOSSETT, LEE  
Address        COASTAL PROPERTY MANAGEMENT  
                 10 SE CENTRAL PARKWAY SUITE400

City-State-Zip:    STUART FL 34994

Title            DIRECTOR  
Name            SIKORSKI, LOUISE  
Address        COASTAL PROPERTY MANAGEMENT  
                 10 SE CENTRAL PARKWAY SUITE400

City-State-Zip:    STUART FL 34994

*I hereby 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 all other like empowered.*

**SIGNATURE: STEVE PROVINES**

**PRESIDENT**

**06/28/2020**

Electronic Signature of Signing Officer/Director Detail

Date