2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005622

Entity Name: OSPREY POINTE AT DOLPHIN CAY OWNER'S ASSOCIATION,

INC.

FILED
Mar 31, 2015
Secretary of State
CC7441789756

Current Principal Place of Business:

3001 EXECUTIVE DR.

STE. 260

CLEARWATER, FL 33762

Current Mailing Address:

3001 EXECUTIVE DR.

STE. 260

CLEARWATER, FL 33762 US

FEI Number: 59-3278867 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZACUR, GRAHAM & COSTIS 5200 CENTRAL AVENUE ST. PETERSBURG, FL 33707 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: RICHARD ZACUR, ESQ. 03/31/2015

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PD Title VP

NameMAYSE, ROBERTNameSELL, CHARLESAddress3001 EXECUTIVE DR.Address3001 EXECUTIVE DR.

STE. 260 STE. 260

E. 200 STE. 20

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title D Title TD

Name HORAN, TOM Name KALL, JOHN

Address 3001 EXECUTIVE DR. Address 3001 EXECUTIVE DR.

STE. 260 STE. 260

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title D Title SD

Name CORWIN, RICK Name DESALVO, SANDIE

Address 3001 EXECUTIVE DR. Address 3001 EXECUTIVE DR.

STE. 260 STE. 260

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR

Name CUMMINGS, BOB

Address 3001 EXECUTIVE DR.

STE. 260

City-State-Zip: CLEARWATER FL 33762

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: ROBERT MAYSE PRESIDENT 03/31/2015