

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N94000005622

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

Current Principal Place of Business:

C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
CLEARWATER, FL 33762

Current Mailing Address:

C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
CLEARWATER, FL 33762 US

FEI Number: 59-3278867

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZACUR & GRAHAM, P.A.
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: ZACUR & GRAHAM, P.A.

10/24/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name WOLFE, FRANCIS
Address C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title PRESIDENT
Name CHUCAN, RONALD
Address C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title TREASURER
Name CORWIN, FREDERIC
Address C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name NEUMANN, DONALD
Address C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name GARCIA, LILIAN
Address C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title VP
Name SADOSKY, BRENDA
Address C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name KEENE, BRUCE
Address C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 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: RONALD CHUCAN

PRESIDENT

10/24/2023

Electronic Signature of Signing Officer/Director Detail

Date