

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 20, 2014
Secretary of State
CC9955615677

Entity Name: OSPREY COVE HOMEOWNER'S ASSOCIATION OF HOBE SOUND, INC.

Current Principal Place of Business:

C/O BRISTOL MANAGEMENT
543 NW LAKE WHITNEY PLACE SUITE 101
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

C/O BRISTOL MANAGEMENT
543 NW LAKE WHITNEY PLACE SUITE 101
PORT SAINT LUCIE, FL 34986 US

FEI Number: 65-0926994

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONTAGNA, SCOTT
BRISTOL MANAGEMENT
543 NW LAKE WHITNEY PLACE SUITE 101
PORT SAINT LUCIE, FL 34986 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 PIERCE, SAMMY A
Address 543 NW LAKE WHITNEY PLACE,
 SUITE 101
City-State-Zip: PORT ST. LUCIE FL 34986

Title TREASURER
Name QUICKEL, G. GERALD
Address 543 NW LAKE WHITNEY PLACE,
 SUITE 101
City-State-Zip: PORT ST. LUCIE FL 34986

Title SECRETARY
Name COOLIDGE, RICHARD
Address 543 NW LAKE WHITNEY PLACE,
 SUITE 101
City-State-Zip: PORT ST. LUCIE FL 33458

Title VP
Name BURCHELL, HARRY
Address 543 NW LAKE WHITNEY PLACE,
 SUITE 101
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIRECTOR
Name REAGAN, DIANE
Address 543 NW LAKE WHITNEY PLACE,
 SUITE 101
City-State-Zip: PORT ST. LUCIE FL 34986

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: SAMMY PIERCE

PRESIDENT

02/20/2014

Electronic Signature of Signing Officer/Director Detail

Date