

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N9800000131

**FILED**  
**Apr 02, 2015**  
**Secretary of State**  
**CC9161272824**

**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:**

BECKER & POLIAKOFF  
401 SE OSCEOLA STREET FIRST FLOOR  
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: SAMMY PIERCE**

**04/02/2015**

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            REAGAN, DIANE  
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            ROTTNER, LESLIE  
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**

**04/02/2015**

Electronic Signature of Signing Officer/Director Detail

Date