

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000131

**FILED**  
**Apr 13, 2018**  
**Secretary of State**  
**CC4790688364**

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

**Current Principal Place of Business:**

1111 SE FEDERAL HIGHWAY, #100  
STUART, FL 34994

**Current Mailing Address:**

C/O ADVANTAGE PROPERTY MANAGEMENT  
1111 SE FEDERAL HIGHWAY, #100  
STUART, FL 34994 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**

**04/13/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name PIERCE, SAMMY A  
Address C/O ADVANTAGE PROPERTY MANAGEMENT  
1111 SE FEDERAL HIGHWAY, #100  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name BROWN, JIM  
Address C/O ADVANTAGE PROPERTY MANAGEMENT  
1111 SE FEDERAL HIGHWAY, #100  
City-State-Zip: STUART FL 34994

Title VP  
Name LUEBCKE, HOWARD  
Address C/O ADVANTAGE PROPERTY MANAGEMENT  
1111 SE FEDERAL HIGHWAY, #100  
City-State-Zip: STUART FL 34994

Title PRESIDENT  
Name LALONDE, JEFF  
Address C/O ADVANTAGE PROPERTY MANAGEMENT  
1111 SE FEDERAL HIGHWAY, #100  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name CROMWELL, SUZANNE  
Address C/O ADVANTAGE PROPERTY MANAGEMENT  
1111 SE FEDERAL HIGHWAY, #100  
City-State-Zip: STUART FL 34994

Title TREASURER  
Name LUEBCKE, LINDA  
Address 1111 SE FEDERAL HIGHWAY, #100  
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: JEFF LALONDE**

**PRESIDENT**

**04/13/2018**

Electronic Signature of Signing Officer/Director Detail

Date