

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000131

**FILED**  
**Mar 21, 2013**  
**Secretary of State**  
**CC4216328826**

**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           DENNIS, FARRELL  
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**

**03/21/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date