## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000131

Entity Name: OSPREY COVE HOMEOWNER'S ASSOCIATION OF HOBE

SOUND, INC.

**FILED** Mar 25, 2024 Secretary of State 6220608473CC

## **Current Principal Place of Business:**

C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE400 STUART, FL 34994

## **Current Mailing Address:**

C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE400 STUART, FL 34994 US

FEI Number: 65-0926994 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

**BECKER & POLIAKOFF** 759 SW FEDERAL HWY., SUITE 213 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 03/25/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

**DIRECTOR TREASURER** Title Title WOJCIECHOWSKI, JOHN ZOEF, DESPINA Name Name

Address C/O COASTAL PROPERTY Address C/O COASTAL PROPERTY

> MANAGEMENT **MANAGEMENT**

10 SE CENTRAL PARKWAY SUITE400 10 SE CENTRAL PARKWAY SUITE400

STUART FL 34994 STUART FL 34994 City-State-Zip: City-State-Zip:

Title VΡ **SECRETARY** Title Name POLITES, JOHN Name BROWN, JIM

Address C/O COASTAL PROPERTY Address C/O COASTAL PROPERTY

MANAGEMENT MANAGEMENT

10 SE CENTRAL PARKWAY SUITE400 10 SE CENTRAL PARKWAY SUITE400

STUART FL 34994 City-State-Zip: STUART FL 34994 City-State-Zip:

**PRESIDENT DIRECTOR** Title Title

Name BARRY, SANDY CRAIG Name DUNNE, KATHERINE

Address C/O COASTAL PROPERTY Address C/O COASTAL PROPERTY

**MANAGEMENT MANAGEMENT** 

10 SE CENTRAL PARKWAY SUITE400 10 SE CENTRAL PARKWAY SUITE400

STUART FL 34994 STUART FL 34994 City-State-Zip: City-State-Zip:

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: SANDY BARRY CRAIG **PRESIDENT** 03/25/2024