

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N9800000131

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

**FILED**  
**Apr 21, 2023**  
**Secretary of State**  
**0624931756CC**

**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**

**04/21/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LALONDE, JEFF  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE400

Title            TREASURER  
Name            ZOEF, DESPINA  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

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Title            VP  
Name            POLITES, JOHN  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE400

Title            DIRECTOR  
Name            BROWN, JIM  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

City-State-Zip: STUART FL 34994

Title            SECRETARY  
Name            BARRY, SANDY  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE400

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**

**04/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date