2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00811



FILED Feb 20, 2006 8:00 am Secretary of State 02-20-2006 90034 017 ****61.25

Pincipal Place of Business 1930 COMMERCE LANE	OSPREY	CREEK HOMEOWNERS AS	SSOCIATION, INC.							
2. Principal Place of Business 3. Making Address Suite. Apt. #. etc. Suite. Apt. #. etc. O1262006 Chg.NP CR2E037 (11/05) Coy & Suite 4. FEI Number S9-2382041 Not Applicable S9-2382041 Not Applicable Not Applicable S9-2382041 Not Applicable Not Applicable S9-2382041 S9-	1930 COMMERCE LANE #1		1930 COMMERCE LANE #1		60010010					
Suite. Apt. #, etc. Suite. Apt. #, etc. O182008 Chg.NP CR2E037 (11/05)			3. Mailing Address	. Mailing Address						
City & State City & FL Zip Code City & State of Florida. Lam familiar with, and accept the collegations of leg stered agent. or both, in the State of Florida. Lam familiar with, and accept the collegations of leg stered agent. SIGNATURE Filling Fee is \$61.25 Due by May 1, 2006 Due by May 1, 2006 City Fluid Department of State City Fluid Department of								-, 21511 61611 614	III 21211 BIBN 215	***************************************
Signature Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01262006 C	hg-NP	CR2E03	37 (11/05)	
S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent	City & State	e	City & State			4. FEI Number 59-238204	11		- + -	<u> </u>
Name	Zip	Country	Zip	Country		5. Certificate of S	tatus Desired			
BONAN ELIZABETH P ESQ. 759 SOUTH FEDERAL HWY. STE. 212 STUART, FL 34994 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida Department of State 10.				7. Name and Add	iress of New I	Registered /	Agent			
STEE 212 STUART, FL 34994 City FL Zip Code 8. 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. Tam familiar with, and accept time obligations of registered agent. SIGNATURE FILING Foo is \$81.25 Due by May 1, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS STREET ADDIESS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS STREET ADDIESS 15. OFFICERS AND DIRECTORS 16. OFFICERS AND DIRECTORS 17. STREET ADDIESS 17. STREET A	RONAN E	I IZARETH D ESO		Name						
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familier with, and accept the obtigations of registered agent. SIGNATURE SIGNATURE FILING Fee is \$81.25 Due by May 1, 2006 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE SD COLLORADO, PAT SIRETADORESS OTY-ST-ZP PALM CITY, FL 34990 TITLE VD DENIGRIS, JANET SIRETADORESS TITLE PALM CITY, FL 34990 TITLE NAME SIRETADORESS SIRETADORESS OTY-ST-ZP PALM CITY, FL 34990 TITLE NAME SIRETADORESS SIRETADORESS OTY-ST-ZP PALM CITY, FL 34990 TITLE NAME SIRETADORESS SIRETADOR				Street /	Address (P.O. Box Number is	Not Acceptab	le)		
Either political process of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature		EL 04004		 					•	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types or printed name of requirement significant signature agent and significant signature agent and significant signature. Packed provided agent deposed agent. Filing Foe is \$81.25 Due by May 1, 2006 Possible to Due by May 2, 20	STUART, I	FL 34994		City	 :			FI	Zip Cod	е
SIGNATURE Filing Fee is \$61.25 Due by May 1, 2006 Trust Fund Contribution. Added these by Provided agent and size is applicable. ROTE Registered Agent Septiative required when refertable(s) DATE	P The above	nomed entity submits this statement for	the oursess of changing its	registered office o	v rogistor	ad agent or both in	the State of E		<u>- </u>	and accept
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Trust Fund Contribution Added to Fees Florida Department of State	SIGNATURE .	Signature, typed or printed name of registered agen) ar	nd title if applicable. (NOT	E: Registered Agent signs	lure required	i when reinstating)		DATE		
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		ertify that the information supplied with	this filing does not qualify to		contained	I in Chapter 119, Flo	rida Statutes.	I further cert	ify that the in	nformation

indicated on this report or supplem of the corporation or the receiver o changed, or on an attachment with hal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if had one of the content of

SIGNATURE:

CLIFF WAGHER

Daytime Phone #