


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90078 039 \*\*\*\*61.25

**DOCUMENT # N00811**

1. Entity Name  
**OSPREY CREEK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1930 COMMERCE LANE #1 JUPITER, FL 33458 US**

Mailing Address  
**1930 COMMERCE LANE #1 JUPITER, FL 33458 US**

2. Principal Place of Business - No P.O. Box #  
**Bristol Management**

3. Mailing Address  
**Bristol Management**

Suite, Apt., #, etc.  
**735 Colorado Ave #3**

City & State  
**STUART FL**

City & State  
**STUART FL**

Zip  
**34994**

Country  
**USA**

Zip  
**34994**

Country  
**USA**

03292007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2382041**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent

**BONAN, ELIZABETH P ESQ.**  
**759 SOUTH FEDERAL HWY.**  
**STE. 212**  
**STUART, FL 34994**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Diane P. Mundt, LCAM, Property Mgr.** DATE **3/29/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	SCHOENBRUN, STEVE	
STREET ADDRESS	4104 SWOSPNEY CREEK WAY	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DENIGRIS, JANET	
STREET ADDRESS	4144 SW OSPREY CREEK WAY	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	P	<input type="checkbox"/> Delete
NAME	WAGNER, CLIFF	
STREET ADDRESS	3974 SWOSPNEY CREEK WAY	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RUANE, JOANNA	
STREET ADDRESS	3934 SWOSPNEY CREEK WAY	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FIORDA, ANNA	
STREET ADDRESS	3984 SW OSPREY CREEK WAY	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adele Gitter	
STREET ADDRESS	3883 SW Osprey Creek Way	
CITY-ST-ZIP	Palm City FL 34990	
TITLE	VP-1st	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Nye	
STREET ADDRESS	3954 SW Osprey Creek Way	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP-2nd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anna Fiorda	
STREET ADDRESS	3984 SW Osprey Creek Way	
CITY-ST-ZIP	Palm City FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **[Signature]** DATE **4/7/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #