

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90034 048 ****61.25

DOCUMENT # N00811

1. Entity Name
OSPREY CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
BRISTOL MANAGEMENT 543 NW Lake BRISTOL MANAGEMENT
735 COLORADO AVE #3 Whitney Pl 735 COLORADO AVE #3
STUART, FL 34994 US #101 STUART, FL 34994 US
Port St. Lucie, FL 34986



03072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	SCHOENBRUN, STEVE
STREET ADDRESS	4104 SW OSPREY CREEK WAY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	T
NAME	GITTER, ADELE
STREET ADDRESS	3883 SW OSPREY CREEKWAY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	P
NAME	WAGNER, CLIFF
STREET ADDRESS	3974 SW OSPREY CREEK WAY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	1VP
NAME	NYE, ROBERT
STREET ADDRESS	3954 SW OSPREY CREEK WAY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	2VP
NAME	FIORDA, ANNA
STREET ADDRESS	3984 SW OSPREY CREEK WAY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/08

(772) 807-5207