


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90238 029 \*\*\*\*61.25

<b>DOCUMENT # N01000003087</b>					
<b>1. Entity Name</b> OSPREY PLACE PROPERTY OWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 409 E. COLLEGE AVE RUSKIN, FL 33570 US			<b>Mailing Address</b> P.O. BOX 1058 RUSKIN, FL 33575 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02152006 Chg-NP CR2E037 (11/05)	
<b>4. FEI Number</b> 59-3720929				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WILSON, LOU ELLEN 409 E. COLLEGE AVE RUSKIN, FL 33570			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DP	<b>NAME</b> BARTKU, DAVID		<b>TITLE</b> D/P	<b>NAME</b> MARY CULLITON	
<b>STREET ADDRESS</b> 1310 CRYSTAL GREENS DR.	<b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573		<b>STREET ADDRESS</b> 1317 CRYSTAL GREENS DR.	<b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573	
<b>TITLE</b> DVP	<b>NAME</b> WILLIAMS, CLINT		<b>TITLE</b> D	<b>NAME</b> JERRY GIBSON	
<b>STREET ADDRESS</b> 1310 LENOX GREENS DR.	<b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573		<b>STREET ADDRESS</b> 1307 CRYSTAL GREENS DR.	<b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573	
<b>TITLE</b> DT	<b>NAME</b> ELARTH, VERNON		<b>TITLE</b> DT	<b>NAME</b> ELARTH, VERNON	
<b>STREET ADDRESS</b> 1314 LENOX GREENS DR.	<b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573		<b>STREET ADDRESS</b> 1314 LENOX GREENS DR.	<b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573	
<b>TITLE</b> DS	<b>NAME</b> WOODS, KATHARINE		<b>TITLE</b> DS	<b>NAME</b> WOODS, KATHARINE	
<b>STREET ADDRESS</b> 1319 LENOX GREENS DR.	<b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573		<b>STREET ADDRESS</b> 1319 LENOX GREENS DR.	<b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573	
<b>TITLE</b> D	<b>NAME</b> COLLOM, TERRY		<b>TITLE</b> D/P	<b>NAME</b> COLLOM, TERRY	
<b>STREET ADDRESS</b> 1319 CRYSTAL GREENS DR.	<b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573		<b>STREET ADDRESS</b> 1319 CRYSTAL GREENS DR.	<b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573	
<b>TITLE</b> DT	<b>NAME</b> ELARTH, VERNON		<b>TITLE</b> DT	<b>NAME</b> ELARTH, VERNON	
<b>STREET ADDRESS</b> 1314 LENOX GREENS DR.	<b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573		<b>STREET ADDRESS</b> 1314 LENOX GREENS DR.	<b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Terry A. Collom</i>			<b>3/10/2006 (813) 645-1569</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
TERRY A. COLLOM					