2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003087

FILED Jan 28, 2009 Secretary of State

Entity Name: OSPREY PLACE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 409 E. COLLEGE AVE RUSKIN, FL 33570 **Current Mailing Address: New Mailing Address:** P.O. BOX 1058 RUSKIN, FL 33575 US FEI Number: 59-3720929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILSON, LOU ELLEN TRIMMER, KATHY 409 E. COLLEGE AVE 409 E. COLLEGE AVE RUSKIN, FL 33570 RUSKIN, FL 33570 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: KATHY TRIMMER 01/28/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition CULLITON, MARY Name: Name: 1317 CRYSTAL GREENS DR Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: () Delete Title: () Change () Addition GIBSON, JERRY Name: Name: Address: 1307 CRYSTAL GREENS DR Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: DT () Delete Title: DT (X) Change () Addition FLETCHER, MARGE ELARTH, VERNON Name: Name: 1307 LENOX GREENS DR 1314 LENOX GREENS DR Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573 Title: DS () Delete Title: DVP (X) Change () Addition Name: ESPINO, TONY Name: FLACK, JAMES 1323 CRYSTAL GREENS DR 1308 LENOX GREENS DR Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573 Title: () Delete Title: (X) Change () Addition MISENHEIMER, DOROTHY MISENHEIMER, DOROTHY Name: Name: 1324 CRYSTAL GREENS DR 1324 CRYSTAL GREENS DR Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY CULLITON P 01/28/2009