

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 08:00 A
Secretary of State

DOCUMENT # N01000005304

1. Entity Name
 OSPREY OF THE PALM BEACHES, INC.



Principal Place of Business
 300 27TH STREET
 WEST PALM BEACH, FL 33407

Mailing Address
 300 27TH STREET
 WEST PALM BEACH, FL 33407



04052007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
 31-1807107

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PRIOLA, PATRICIA A
 300 27TH STREET
 WEST PALM BEACH, FL 33407

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

Patricia A. Priola

8/01/07

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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	VC
NAME	DE PIANO, LINDA
STREET ADDRESS	1041 45TH STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	CRITTON, ROBERT D JR
STREET ADDRESS	5811 DIXIE BELL ROAD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D
NAME	KASEMAN, ADELE
STREET ADDRESS	5420 VIBURMUM CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	C
NAME	SPEICHER, JOSEPH
STREET ADDRESS	16158 SOUTH MILITARY TRAIL
CITY-ST-ZIP	DELRAY BEACH, FL 33430
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 08/08/07-80002-011 70.00

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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:

Joseph Speicher

7/26/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #