


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90286 012 ****61.25

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| DOCUMENT # N02000003294 |  |
| 1. Entity Name OSPREY POINTE AT GRAND HARBOR CONDOMINIUM ASSOCIATION, INC. | |

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|---|---|
| Principal Place of Business 100 VISTA ROYALE BLVD. VERO BEACH, FL 32962 | Mailing Address 100 VISTA ROYALE BLVD. VERO BEACH, FL 32962 |
|---|---|

60025589



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| 2. Principal Place of Business 333 17th Street | 3. Mailing Address 333 17th Street |
| Suite, Apt. #, etc. Suite 2L | Suite, Apt. #, etc. Suite 2L |
| City & State Vero Beach, FL | City & State Vero Beach, FL |
| Zip 32960 | Country US |

01192008 Chg-NP CR2E037 (11/05)

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|------------------------------------|--|
| 4. FEI Number 02-0598660 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CORNETT, JANE L CORNETT, GOOGE & ASSOCIATE, P.A. 401 E OSCEOLA ST., 1ST. FLR. STUART, FL 34994 |
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| 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP SHICK, RICHARD 100 VISTA ROYALE BLVD. VERO BEACH, FL 32962 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST GIJANTO, JOHN 100 VISTA ROYALE BLVD. VERO BEACH, FL 32962 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P THAENS, GREG 100 VISTA ROYAL VERO BEACH, FL 32962 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 17th St., Suite 2L Vero Beach, FL 32960 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 17th St., Suite 2L Vero Beach, FL 32960 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 17th St., Suite 2L Vero Beach, FL 32960 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Gregory Macs **4/7/06 772-567-0808**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #