2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003776

FILED Apr 24, 2009 Secretary of State

Entity Name: OSPREY LAKES AT TAMPA BAY 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:

POB 1058 RUSKIN, FL 33575

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILSON, LOU ELLEN 409 E COLLEGE AVE RUSKIN, FL 33570 US

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:DP () DeleteTitle:DVP (X) Change () AdditionName:KUCHARSRY, CHETName:KUCHARSKY, CHETAddress:10320 BURNCOMBE WAYAddress:10320 BUNCOMBE WAYCity-St-Zip:SAN ANTONIO, FL 33576 USCity-St-Zip:SAN ANTONIO, FL 33576 US

Title: DS () Delete Title: D (X) Change () Addition

Name: DUNN, TOM Name: DUNN, TOM

 Address:
 10505 OLD TAMPA BAY DR
 Address:
 10505 OLD TAMPA BAY DR

 City-St-Zip:
 SAN ANTONIO, FL 33576 US
 City-St-Zip:
 SAN ANTONIO, FL 33576 US

Title: DVP () Delete Title: D (X) Change () Addition Name: STERNAL, SANDRA Name: DONAHUE, JOE

Address: 10313 OLD TAMPA BAY DR Address: 10324 CLEGHORN DRIVE

City-St-Zip: POMPANO BEACH, FL 33065 US City-St-Zip: SAN ANTONIO, FL 33576

Title: DT () Delete Title: DT/P (X) Change () Addition Name: DEMPSEY, TOM Name: DEMPSEY, TOM

Address: 10214 CLEGMORN DR Address: 10214 CLEGHORN DR
City-St-Zip: SAN ANTONIO, FL 33576 City-St-Zip: SAN ANTONIO, FL 33576

Title: DS () Delete Title: DS (X) Change () Addition

Name: ROSEMARY, ROBERT Name: PABST, ROSEMARY
Address: 10319 CLEGITORA Address: 10319 CLEGHORN DRIVE
City-St-Zip: SAN ANTONIO, FL 33576 City-St-Zip: SAN ANTONIO, FL 33576

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: CHET KUCHARSKY VP 04/24/2009