2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2007 8:00 am

	7,1,1,0,7,2			C _	ovotovy o	f Cta	tα	
DOCUMENT # N0300005371 1. Entity Name OSPREY ESTATES HOMEOWNERS ASSOCIATION, INC.				E.F.	Secretary of State 02-23-2007 90023 002 ****61.25			
Principal Place 36345 U.S. H HAINES CITY,	I WY 27	Mailing Address 36345 U.S. HWY 27 HAINES CITY, FL 33844			A 1116 BEST SELL SELL SELL SELL SELL	n 1122 (1141 1288) 11	WES BY INK!	
		3. Mailing Address 6089 ELOISE	089 ELOISE LOOP ROAD			6110 0 31111 10 38 1 113		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	01092007 C	hg-NP CR2E0	37 (12/06)		
City & State		City & State	City & State			Ар	plied For	
WINTER HAVEN FL		WINTER HAVE	NINTER HAVEN FL		95	No	Applicable	
Zip 33881	Country Polik	^{Zip} 33884	Country Polk	5. Certificate of S	tatus Desired	\$8.75 Addi Fee Required		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
MALPELI, MARC P				Name				
36345 U.S. HWY 27 HAINES CITY, FL 33844				Street Address (P.O. Box Number is Not Acceptable) LOO 79 ELOISE LOOP FORD				
TIMILE OF THE SOOT					•			
	•		City	TER HAVEN	Fl	Zip Code		
	named entity submits this statement for ions of registered agent.	the purpose of changing its re-			the State of Florida. 1 am			
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable (NOTE Re	egistered Agent signature	required when reinstating)	DATE			
Filing Fee is \$61.25 Due by May 1; 2007 9. Election Campaign Trust Fund Contrib				- 10000101000	Florida Depa		ate	
10.	OFFICERS AND DIR		11.		ES TO OFFICERS AND D			
NAME STREET ADDRESS CITY-ST-ZIP	PRES MALPELI, MARC P 36345 U.S. HIGHWAY 27 HAINES CITY, FL 338442359	Delete	NAME	PRESIDENT ANTHONY V. VP	IN DUYN	Change	Addition	
TITLE	717414E0 0111,1 E 00044E000			2075 ELDISE L	00 PUM3			
NAME		□ p _r (_t)	CITY-ST-ZIP U	0075 ELOISE L NINTER HAVEN	FL 33884	Change	N Addition	
147-DEFE		Delete	CITY-ST-ZIP L	0075 ELOISE L NINTER HANEN CT	FL 33884	☐ Change	⊠ . Addition	
STREET ADDRESS		☐ Delete	CITY-ST-ZIP L	0075 ELOISE L NINTER HANEN CT	FL 33884	Change	⊠ Addition	
		☐ Delete	CITY-ST-ZIP L TITLE NAME STREET ADDRESS	0075 ELOISE L NINTER HAVEN	FL 33884 Duyn cop fcad	☐ Change	⊠ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	5075 ELOISE L NINTER HANEN S,T SUGAN E. VAN 6075 ELOISE L	FL 33884 DUYN COP POND	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	5075 ELOISE L NINTER HANEN S,T SUGAN E. VAN 6075 ELOISE L	FL 33884 DUYN COP POND			
STREET ADDRESS CITY-ST-ZIP TITLE			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	5075 ELOISE L NINTER HANEN S,T SUGAN E. VAN 6075 ELOISE L	FL 33884 DUYN COP POND			
STREET ADDRESS C(1Y-S1-ZIP TITLE NAME STREET ADDRESS C(1Y-S1-ZIP		☐ Deiete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	5075 ELOISE L NINTER HANEN S,T SUGAN E. VAN 6075 ELOISE L	FL 33884 DUYN COP POND	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	·		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	5075 ELOISE L NINTER HANEN S,T SUGAN E. VAN 6075 ELOISE L	FL 33884 DUYN COP POND			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	·	☐ Deiete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	5075 ELOISE L NINTER HANEN S,T SUGAN E. VAN 6075 ELOISE L	FL 33884 DUYN COP POND	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	5075 ELOISE L NINTER HANEN S,T SUGAN E. VAN 6075 ELOISE L	FL 33884 DUYN COP POND	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP	·	☐ Deiete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	5075 ELOISE L NINTER HANEN S,T SUGAN E. VAN 6075 ELOISE L	FL 33884 DUYN COP POND	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	5075 ELOISE L NINTER HANEN S,T SUGAN E. VAN 6075 ELOISE L	FL 33884 DUYN COP POND	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME		Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	5075 ELOISE L NINTER HANEN S,T SUGAN E. VAN 6075 ELOISE L	FL 33884 DUYN COP POND	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	5075 ELOISE L NINTER HANEN S,T SUGAN E. VAN 6075 ELOISE L	FL 33884 DUYN COP POND	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME TREET ADDRESS CITY-S1-ZIP TITLE NAME	·	☐ Delete	CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME	5075 ELOISE L NINTER HANEN S,T SUGAN E. VAN 6075 ELOISE L	FL 33884 DUYN COP POND	☐ Change ☐ Change ☐ Change	Addition Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TAME TAME TAME TAME TAME TAME TAME TAM		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	5075 ELOISE L NINTER HANEN S,T SUGAN E. VAN 6075 ELOISE L	FL 33884 DUYN COP POND	☐ Change ☐ Change ☐ Change	Addition Addition	

12. I hereby certify that the information supplied with this filling 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 of 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

ANTHONY VOIN DETAIL

SIGNATURE: UNLOW Dum PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR