



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90023 002 ****61.25

DOCUMENT # N03000005371 1. Entity Name OSPREY ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 36345 U.S. HWY 27 HAINES CITY, FL 33844				Mailing Address 36345 U.S. HWY 27 HAINES CITY, FL 33844	
2. Principal Place of Business - No P.O. Box # 6089 ELOISE LOOP ROAD Suite, Apt. #, etc.		3. Mailing Address 6089 ELOISE LOOP ROAD Suite, Apt. #, etc.			
City & State WINTER HAVEN FL		City & State WINTER HAVEN FL		4. FEI Number 37-6749495	
Zip 33884		Country POLK		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALPELI, MARC P 36345 U.S. HWY 27 HAINES CITY, FL 33844				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6079 ELOISE LOOP ROAD City WINTER HAVEN FL Zip Code 33884	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MALPELI, MARC P 36345 U.S. HIGHWAY 27 HAINES CITY, FL 338442359 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANTHONY V. VAN DUYN 6075 ELOISE LOOP ROAD WINTER HAVEN, FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.T SUGAN E. VAN DUYN 6075 ELOISE LOOP ROAD WINTER HAVEN, FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: Anthony V. Van Duyn PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 2/19/07 Daytime Phone # 863-336-5872					