2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N03000005371

Entity Name: OSPREY ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6089 ELOISE LOOP RD.
HAINES CITY, FL 33844

New Principal Place of Business:

6089 ELOISE LOOP RD.
WINTER HAVEN, FL 33884

Current Mailing Address:

6089 ELOISE LOOP RD.
HAINES CITY, FL 33844

New Mailing Address:

6089 ELOISE LOOP RD.
WINTER HAVEN, FL 33884

FEI Number: 37-6749495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MALPELI, MARC P
6079 ELOISE LOOP RD.
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

MALPELI, MARC P
6079 ELOISE LOOP RD.
WINTER HAVEN, FL 33884 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: MARC P. MALPELI 01/08/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: VAN DUYN, ANTHONY V
Address: 6075 ELOISE LOOP RD.
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: ST ( ) Delete
Name: VAN DUYN, SUSAN E
Address: 6075 ELOISE LOOP RD.
City-St-Zip: WINTER HAVEN, FL 33884

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MALPELI, MARC P
Address: 6079 ELOISE LOOP RD
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: ST (X) Change ( ) Addition
Name: MALPELI, MELISSA K
Address: 6079 ELOISE LOOP RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: DIR ( ) Change (X) Addition
Name: ANTHONY V. VAN DUYN,
Address: 6075 ELOISE LOOP RD
City-St-Zip: WINTER HAVEN, FL 33884

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: MELISSA K. MALPELI ST 01/08/2009
Electronic Signature of Signing Officer or Director Date