

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007586

FILED
Apr 30, 2009
Secretary of State

Entity Name: OSPREY POINTE OF WINTER HAVEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3897 OSPREY POINT LN.
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

3897 OSPREY POINT LN.
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 20-2556785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, MARK G
255 MAGNOLIA AVE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: TURNER, ROBERT C
Address: 255 MAGNOLIA AVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: DV () Delete
Name: REED, WILLIAM G
Address: 255 MAGNOLIA AVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: DST () Delete
Name: TURNER, MARK G
Address: 255 MAGNOLIA AVE
City-St-Zip: WINTER HAVEN, FL 33880

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HUGILL, JACK F
Address: 3905 OSPREY POINTE CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: DV (X) Change () Addition
Name: SCHWINKENDORF, JON
Address: 3855 OSPREY POINTE CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: DT (X) Change () Addition
Name: RIDDLE, PAT B
Address: 3836 OSPREY POINTE CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: DS () Change (X) Addition
Name: CREAM, SHERRI
Address: 3900 OSPREY POINTE CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Change (X) Addition
Name: BATAILLE, COLE
Address: 3902 OSPREY POINTE CIRCLE
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: JACK HUGILL

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date