

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010964

FILED
Jan 30, 2009
Secretary of State

Entity Name: HOMEOWNER'S ASSOCIATION OF OSPREY COVE, INC.

Current Principal Place of Business:

2803 PONKAN PINES DRIVE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 194
PLYMOUTH, FL 327680194 US

New Mailing Address:

FEI Number: 57-1214741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRENCH PROFESSIONAL MANAGEMENT INC.
2803 PONKAN PINES DRIVE
APOPKA, FL 32712 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: HOLSTON, ROBERT W
Address: 232 S DILLARD STREET SUITE 201
City-St-Zip: WINTER GARDEN, FL 34787

Title: DV () Delete
Name: JUNE, ROHLAND A II
Address: 232 S DILLARD STREET SUITE 201
City-St-Zip: WINTER GARDEN, FL 34787

Title: DS () Delete
Name: SEDLOFF, JEFFREY A
Address: 232 S DILLARD STREET SUITE 201
City-St-Zip: WINTER GARDEN, FL 34787

Title: TR () Delete
Name: COLES, BONNIE
Address: 587 DOVE COVE PLACE
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HOLSTON, ROBERT W
Address: 132 N. PLANT ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: DV (X) Change () Addition
Name: JUNE, ROHLAND A II
Address: 132 N. PLANT ST.
City-St-Zip: WINTER GARDEN, FL 34787

Title: DS (X) Change () Addition
Name: SEDLOFF, JEFFREY A
Address: 132 N. PLANT ST.
City-St-Zip: WINTER GARDEN, FL 34787

Title: TR (X) Change () Addition
Name: COLES, BONNIE
Address: 2803 PONKAN PINES RD.
City-St-Zip: APOPKA, FL 32712

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: BONNIE E. COLES

TR

01/30/2009

Electronic Signature of Signing Officer or Director

Date