2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010964

FILED Jan 07, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2803 PONKAN PINES DRIVE 1069 OSPREY COVE CR

APOPKA, FL 32712 GROVELAND, FL 347362211 US

Current Mailing Address: New Mailing Address:

P.O. BOX 194 P.O. BOX 901

PLYMOUTH, FL 327680194 US GROVELAND, FL 34736 US

FEI Number: 57-1214741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRENCH PROFESSIONAL MANAGEMENT INC.

2803 PONKAN PINES DRIVE

CONRADO, SANDRA L
1069 OSPREY COVE CR

APOPKA, FL 32712 US GROVELAND, FL 34736 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: SANDRA CONRADO 01/07/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP

Name: CARLSON, ROBERT
Address: 1104 SA EAGLE AVE
City-St-Zip: GROVELAND, FL 34736

Title: DV

Name: LAYNE, OMAR

Address: 1058 OSPREY COVE CR City-St-Zip: GROVELAND, FL 34736 US

Title: DS

 Name:
 SUKHU, KAMLA

 Address:
 1073 OSPERY COVE CR

 City-St-Zip:
 GROVELAND, FL 34736 US

Title: TR

Name: CONRADO, SANDRA
Address: 1069 OSPREY COVE CR
City-St-Zip: GROVELAND, FL 34736

Title:

 Name:
 MCCLURE, JAMES

 Address:
 1120 SEA EAGLE AVE

 City-St-Zip:
 GROVELAND, FL 34736 US

I hereby 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 all other like empowered.

SIGNATURE: SANDRA CONRADO DT 01/07/2010