2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 19, 2008 8:00 am Secretary of State 05-19-2008 90040 026 ****61.25

DOCUMENT # N0500001402 1. Entity Name OSPREY COVE MASTER ASSOCIATION, INC.					210		
Principal Plac 8510 KINGB FORT MYPAS	ÍRD LOOP C/C Σ FL 33967 12	ing Address) Tropisal Isles Man 734 Kenward Lane, RT Myers, Fl. 33907		40104	A	TIL BIBLE BBIID LIDI	10) O1 100)
2. Principal P	Place of Business - No P.O. Box # 3. M	ailing Address					
8359 Be	rs, FL 33907	Hayden & Ass 8359 Beacon Ft. Myers, FL	Blvd. Suite	213 i. FEI Number 20-2549206 5. Certificate of Sta	Solution Desired	\$8.75 Addi Fee Required	olied For Applicable Itional
%JOSEPF 14241 ME	6. Name and Address of Current Registe & POLIAKOFF, P.A. NE. ADAMS, ESQUIRE TRAPOLIS AVENUE, SUITE 100 S.FL. 33907	red Agent	83	dress (PO Box Mumber is to 59 Beacon Blvd.) Myers, FL 33907		ip Code	
	named entity submits this statement for the putions of registered agent. Signature, typical or printed name of registered agent and lide 4 a		legistered Agent signaturaling	e required when reinstating) \$5.00 May Be	DATE	k payable to	
10.	Due by May 1, 2008 OFFICERS AND DIRECTOR			7 (4404 (6) 660	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THRON, DANIEL 10481 SIX MILE CYPRESS PKWY FORT MYERS, FL 33966	: Delete	11. TITLE ANAME STREET ADDRESS CITY-ST-ZIP	Savid Johnson 3490 Kingbird Fthyers fr	(100p #4950)	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SORENSEN, ANDY 10481 SIX MILE CYPRESS PKWY FOR∓ MYERS, FL 33966	Delete	NAME VP STREET ADDRESS CITY+ST-ZIP	Mary Muelle 850 Kingbird Gernuers Fl	(pop = 1-219	☐ Change	Addition
TITLE NAME Street Address City-St-Zip	STD DISTEPHANO, PAUL 10481 SIX MILE CYPRESS PKWY FORT MYERS, FL 33966	Defete	NAME STREET ADDRESS CITY-ST-ZIP	Suzanine Fry 8570 Kingbied Fyrluges F	Loop#544 C 33907	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		a Loop#930 233967	☐ Change	Addition
TITLE NAME Street Address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hugh Meye 840 Kingbir FHNYERS 1	2 Loop # 102	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Richard Belk 8490 Kingbird F4NWers	vauce 1 Loop = 1 9H	☐ Change	Addition
12. I hereby of indicated	certify that the information supplied with this filing on this report or supplemental report is true an poration or the receiver or truelee empowered or or on an attachment with all of or on an attachment with all or or or an attachment with all or	ng does not qualify for the document of the do	ne exemptions co signature shall ha	ntained in Chapter 119, Flori we the same legal effect as if	da Statutes. I further cert made under oath; that I	ify that the inf	ormation or director

ATTACHMENT

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0500001402 1. Entity Name OSPREY COVE MASTER ASSOCIATION, INC.										
Principal Place of Business 8510 KINGBIRD LOOP FORT MYERS, FL 33967		Mailing Address C/O TROPICAL ISLES MAI 12734 KENWOOD LANE, FORT MYERS, FL \$3907	SUITE 49	RVICES IN	11	NIN/	IΑź	0 <i>5</i>		
2. Principal Place of Bus	iness - No P.O. Box #	3. Mailing Address			1 4	010-	ricio l	×ئ ۔	·44(
Suite, Apt. #, etc.		Hayden & Asso	oc Latota	2.2	01282008	Chg-NP	CR2E0	37 (12/06)		
City & State		+ 8359 Beacon Bl Ft. Myers, FL 3	va. Suite 3907	213	4. FEI Number 20-2549:	206			olied For Applicable	
Zip	Tip Country		, , ,	_	5. Certificate of	f Status Desired		\$8.75 Addi		
8. Nam	ne and Address of Current	Registered Agent	Name	11.		ddress of New R	egistered	Agent		
BECKER & POLIAKOFF, P.A.				14	1 2 ''	KEN	<u> </u>			
%JOSEPHYE, ADA 14241 MEJTROPOL	MS, ESQUIRE LIS AVENUE, SUITE 1	.00	Street		ddress (P.O. Box Number is Not Acceptable) 8359 Beacon Blvd. Suite 213					
FT. MYERES, FD 33				Ft. N	Myers, FL 3	1va. Suite 13907	213			
			City	_				Code		
The above named en the obligations of reg		or the purpose of changing its re	agistered office	ar registe	red agent, or both	, IN THE SIBLE OF FIC	лия: тап	with,	and accept	
_										
SIGNATURE Signature, typ	ed or printed name of registered agent	and title if applicable: (NOTE:	Registered Agent sign	ature require	d when reinstating)		DATE		[
		9. Election Camp				J	Les chas	k payable to		
_	ee is \$61.25 May 1, 2008	Yrust Fund Co			\$5.00 May Be Added to Fees			rtment of St		
10.	OFFICERS AND DI		11.		ADDITIONS/CHA		RS AND C			
TITLE PD NAME THRON	, DANIEL	Delete	NAME T	Ha	wley E	mith	#01	Change	X Addition	
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C:TY-ST-ZIP FORT N	IYERS, FL 33966	Delete	TITLE ON	124	rujes.	<u> </u>	370	☐ Change	Addition	
NAME SOREN	SEN, ANDY	`	NAME Y	Ke	n Hayden			CT Cliange	X COULTON	
	SIX MILE CYPRESS PKV 1YERS, FL 33966	W	STREET ADDRESS CITY-ST-ZIP		59 Beacon		213			
TITLE STD	7.2.10,12 00000	₩ Delete	TITLE	+ Ft	Myers, FL	3 <u>3907</u>		☐ Change	Addition	
1 1	HANO, PAUL SIX MILE CYPRESS PKV	, •••	NAME STREET ADDRESS							
1	YERS, FL 33966		CITY-ST-ZIP	<u> </u>						
TITLE		☐ Delete	TITLE					Change	☐ Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that indicated on this reg of the corporation o	port or supplemental report in the receiver or trustee emp		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions	S Containe	came lenal effect	se if made under	cath: that i	Change	Addition	