


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 # N05000001402		
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 MANAGEMENT SERVICES INC 12734 KENWOOD LANE, SUITE 49 FORT MYERS, FL 33907	

40104243



2. Principal Place of Business - No P.O. Box # Hayden & Assoc 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907	3. Mailing Address Hayden & Assoc 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907
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02012008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2549206	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BECKER & POLAKOFF, P.A. %JOSEPH E. ADAMS, ESQUIRE 14241 METROPOLIS AVENUE, SUITE 100 FT. MYERS, FL 33907	7. Name and Address of New Registered Agent Name <u>Ken Hayden</u> Street Address (P.O. Box Number is not acceptable) <u>8359 Beacon Blvd. Suite 213</u> <u>Ft. Myers, FL 33907</u> City _____ Zip Code _____
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THRON, DANIEL 10481 SIX MILE CYPRESS PKWY FORT MYERS, FL 33966 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D David Johnson 8490 Kingbird Loop #950 Ft Myers FL 33967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SORENSEN, ANDY 10481 SIX MILE CYPRESS PKWY FORT MYERS, FL 33966 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Mary Mueller 8500 Kingbird Loop #519 Ft Myers FL 33967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DISTEPHANO, PAUL 10481 SIX MILE CYPRESS PKWY FORT MYERS, FL 33966 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Suzanne Fry 8500 Kingbird Loop #546 Ft Myers FL 33967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Iris Diaz 8490 Kingbird Loop #930 Ft Myers FL 33967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Hugh Meyer 8490 Kingbird Loop #1026 Ft Myers FL 33967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Richard Bellevance 8490 Kingbird Loop #911 Ft Myers FL 33967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000001402 1. Entity Name OSPREY COVE MASTER ASSOCIATION, INC.			
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address Hayden & Assoc 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907	
		4. FEI Number 20-2549206	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. %JOSEPH E. ADAMS, ESQUIRE 14241 METROPOLIS AVENUE, SUITE 100 FT. MYERS, FL 33907		7. Name and Address of New Registered Agent Name: HAYDEN, KEN Street Address (P.O. Box Number is Not Acceptable): 8359 Beacon Blvd. Suite 213 City: Ft. Myers, FL 33907	
8. 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, and accepts the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THRON, DANIEL 10481 SIX MILE CYPRESS PKWY FORT MYERS, FL 33966	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hawley Smith 8490 Kingbird Loop #919 Ft. Myers, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SORENSEN, ANDY 10481 SIX MILE CYPRESS PKWY FORT MYERS, FL 33966	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM Ken Hayden 8359 Beacon Blvd, Suite 213 Ft Myers, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DISTEPHANO, PAUL 10481 SIX MILE CYPRESS PKWY FORT MYERS, FL 33966	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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SIGNATURE: _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date _____ Daytime Phone # _____			