

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001402

FILED
Mar 26, 2010
Secretary of State

Entity Name: OSPREY COVE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

HAYDEN & ASSOCIATES
8359 BEACON BLVD. SUITE 313
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

HAYDEN & ASSOCIATES
8359 BEACON BLVD. SUITE 313
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 20-2549206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYDEN & ASSOCIATES
8359 BEACON BLVD. SUITE 313
FORT MYERS, FL 33907 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: P
Name: WRIGHT, ROBERT
Address: 19760 OSPREY COVE BLVD. #135
City-St-Zip: FORT MYERS, FL 33967

Title: V
Name: BARRACO, VINCE
Address: 9990 COCONUT ROAD, SUITE 200
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ST
Name: EIKELBERNER, IKE
Address: 8500 KINGBIRD LOOP #826
City-St-Zip: FORT MYERS, FL 33967

Title: D
Name: CALABRESA, DENNIS
Address: 8550 KINGBIRD LOOP #618
City-St-Zip: FORT MYERS, FL 33967

Title: D
Name: HUFFMAN, KENNETH
Address: 8451 KINGBIRD LOOP #336
City-St-Zip: FORT MYERS, FL 33967

Title: D
Name: BELLEVANCE, RICHARD
Address: 8490 KINGBIRD LOOP #914
City-St-Zip: FORT MYERS, FL 33967

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: ROBERT WRIGHT

P

03/26/2010

Electronic Signature of Signing Officer or Director

Date