


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000005433</b> 1. Entity Name OSPREY COVE PROFESSIONAL OFFICE PARK ASSOCIATION, INC.	
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Principal Place of Business 912 E. FLETCHER AVENUE TAMPA, FL 33612	Mailing Address 912 E. FLETCHER AVENUE TAMPA, FL 33612
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**DO NOT WRITE IN THIS SPACE**



02222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 55-0907497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MATHEW, THOMAS M  
912 E. FLETCHER AVENUE  
TAMPA, FL 33612

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEW, THOMAS M 912 E. FLETCHER AVENUE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PITTS, DANIEL L 19411 GOLDEN SLIPPER PLACE LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, ROBERT D 19113 CROOKED LANE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000651427  
03/09/07-80007-005 61.25

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:  ROBERT D. NELSON 2/22/07 813-310-2993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #