

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002114

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** OSPREY BAY PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

15050 CAPTIVA DR  
CAPTIVA ISLAND, FL 33924

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 610  
CAPTIVA ISLAND, FL 33924

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

DELUCA, DONALD R  
15050 CAPTIVA DR  
CAPTIVA ISLAND, FL 33924 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: PD ( ) Delete  
Name: ROBERTS, RALPH L SR  
Address: 600 GILLAM RD  
City-St-Zip: WILMINGTON, OH 45177

Title: VD ( ) Delete  
Name: ROBERTS, RALPH L JR  
Address: 600 GILLAM RD  
City-St-Zip: WILMINGTON, OH 45177

Title: VPSD ( ) Delete  
Name: DELUCA, DONALD R  
Address: 600 GILLAM RD  
City-St-Zip: WILMINGTON, OH 45177

Title: TD ( ) Delete  
Name: ROBERTS, ROBY L  
Address: 600 GILLAM RD  
City-St-Zip: WILMINGTON, OH 45177

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: WADE, JEFFREY C  
Address: 600 GILLAM ROAD  
City-St-Zip: WILMINGTON, OH 45177

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEFFREY C WADE

S

04/29/2009

Electronic Signature of Signing Officer or Director

Date