

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33075

FILED
Apr 24, 2009
Secretary of State

Entity Name: OSPREY VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

12600 NW HARBOUR RIDGE BLVD.
PALM CITY, FL 34990 US

New Principal Place of Business:

12600 HARBOUR RIDGE BLVD.
PALM CITY, FL 34990 US

Current Mailing Address:

12600 NW HARBOUR RIDGE BLVD.
PALM CITY, FL 34990 US

New Mailing Address:

12600 HARBOUR RIDGE BLVD.
PALM CITY, FL 34990 US

FEI Number: 65-0189519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, JANE
401 E. OSCEOLA STREET, FIRST FLR.
STUART, FL 34994 US

Name and Address of New Registered Agent:

CORNETT, JANE
401 E. OSCEOLA ST.
STUART, FL 34994 US

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:

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HUNTER, ROBERT
Address: 912 WINTERS CREEK RD
City-St-Zip: PALM CITY, FL 34990

Title: DT () Delete
Name: KNOX, HUBBARD A
Address: 900 WINTERS CREEK RD
City-St-Zip: PALM CITY, FL 34990

Title: DS () Delete
Name: WILLARD, KEITH
Address: 910 WINTER CREEK ROAD
City-St-Zip: PALM CITY, FL 34990

Title: D (X) Delete
Name: MOCKINTOSH, GARY
Address: 902 WINTERS CREEK RD.
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: HUNTER, ROBERT
Address: 912 WINTERS CREEK RD
City-St-Zip: PALM CITY, FL 34990 US

Title: DT (X) Change () Addition
Name: KNOX, HUBBARD A
Address: 900 WINTERS CREEK RD
City-St-Zip: PALM CITY, FL 34990 US

Title: DP (X) Change () Addition
Name: WILLARD, KEITH
Address: 910 WINTER CREEK ROAD
City-St-Zip: PALM CITY, FL 34990 US

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

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: KEITH WILLARD

DP

04/24/2009

Electronic Signature of Signing Officer or Director

Date