

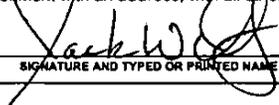
**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90027 039 \*\*\*\*61.25

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<b>DOCUMENT # N51421</b>					
1. Entity Name OSPREY LANDING HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 950882 LAKE MARY, FL 32795 US		Mailing Address P.O. BOX 950882 LAKE MARY, FL 32795 US			
2. Principal Place of Business		3. Mailing Address		02112006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3187115	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OVITZ, JACK 401 CONSERVATORY COVE LAKE MARY, FL 32746				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLEY, BUTCH			NAME	
STREET ADDRESS	504 SERENITY PL			STREET ADDRESS	
CITY - ST - ZIP	LAKE MARY, FL			CITY - ST - ZIP	
TITLE	DM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, WILLIAM			NAME	
STREET ADDRESS	405 CONSERVATORY COVE			STREET ADDRESS	
CITY - ST - ZIP	LAKE MARY, FL 32746			CITY - ST - ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVITZ, JACK			NAME	
STREET ADDRESS	401 CONSERVATORY COVE			STREET ADDRESS	
CITY - ST - ZIP	LAKE MARY, FL 32746			CITY - ST - ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYVARTH, THERESA			NAME	
STREET ADDRESS	576 SERENITY PLACE			STREET ADDRESS	501 Serenity Place
CITY - ST - ZIP	LAKE MARY, FL 32746			CITY - ST - ZIP	
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUNDAL, KARL			NAME	Donald Eylander Sr.
STREET ADDRESS	501 SERENITY PLACE			STREET ADDRESS	421 Conservatory Cove
CITY - ST - ZIP	LAKE MARY, FL 32746			CITY - ST - ZIP	Lake Mary, FL 32746
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
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: 		Jack W. Ovitz		2-11-06 407-324-0107	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	