2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51421

FILED Apr 15, 2008 Secretary of State

Entity Name: OSPREY LANDING HOMEOWNERS ASSOCIATION, INC.

				of Business	
Current P	rincipal Place	of Business:	New Principal Place	e or business:	
P.O. BOX LAKE MAF	950882 RY, FL 32795	US	405 CONSERVATOR LAKE MARY, FL 327		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX LAKE MAF	950882 RY, FL 32795	US			
FEI Number	: 59-3187115	FEI Number Applied For ()	El Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
	A, JANET NITY PLACE RY, FL 32746	US			
	named entity s e of Florida.	ubmits this statement for the purpo	ose of changing its register	ed office or registered agent, or both,	
SIGNATUI					
SIGNATUI		c Signature of Registered Agent		Date	
SIGNATUI OFFICER:			ADDITIONS/CHANG	Date BES TO OFFICERS AND DIRECTOR	
	Electroni	Delete DANA PLACE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:		
OFFICER: Title: Name: Address:	Electroni S AND DIRECT SD () CRUTCHFIELD, 541 SERENITY I LAKE MARY, FL	CORS: Delete DANA PLACE 32746 Delete IAM TORY COVE	Title: Name: Address:	SES TO OFFICERS AND DIRECTOR	
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electroni S AND DIRECT SD () CRUTCHFIELD, 541 SERENITY I LAKE MARY, FL PD () RUSSELL, WILL 405 CONSERVA LAKE MARY, FL	CORS: Delete DANA PLACE 32746 Delete IAM TORY COVE 32746 Delete ET PLACE	Title: Name: Address: City-St-Zip: Title: Name: Address:	SES TO OFFICERS AND DIRECTOR () Change () Addition	
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	Electroni S AND DIRECT SD () CRUTCHFIELD, 541 SERENITY I LAKE MARY, FL PD () RUSSELL, WILL 405 CONSERVA LAKE MARY, FL TD () QUINTANA, JAN 564 SERENITY I LAKE MARY, FL	CORS: Delete DANA PLACE 32746 Delete IAM TORY COVE 32746 Delete ET PLACE 32746 Delete EESA PL	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition (X) Change () Addition (X) Change () Addition DAVID NITY PL	

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: JANET QUINTANA TD 04/15/2008