

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51421

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** OSPREY LANDING HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

405 CONSERVATORY COVE  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 950882  
LAKE MARY, FL 32795 US

**New Mailing Address:**

FEI Number: 59-3187115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MALLIN, CINDY  
585 SERENITY PLACE  
LAKE MARY, FL 32746 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: SD  
Name: CRUTCHFIELD, DANA  
Address: 541 SERENITY PLACE  
City-St-Zip: LAKE MARY, FL 32746

Title: PD  
Name: RUSSELL, WILLIAM  
Address: 405 CONSERVATORY COVE  
City-St-Zip: LAKE MARY, FL 32746

Title: TD  
Name: MALLIN, CINDY  
Address: 585 SERENITY PLACE  
City-St-Zip: LAKE MARY, FL 32746

Title: DM  
Name: ATWELL, MICHELLE  
Address: 528 SERENITY PL  
City-St-Zip: LAKE MARY, FL 32746

Title: DM  
Name: EYELANDER, DONALD  
Address: 421 CONSERVATORY COVE  
City-St-Zip: LAKE MARY, FL 32746

I hereby 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 all other like empowered.

SIGNATURE: CINDY MALLIN

TD

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date