

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005500

FILED
Mar 14, 2006
Secretary of State

Entity Name: HOMEOWNERS' ASSOCIATION OF OSPREY POINTE, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-3247579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT, INC.
2180 W. SR 434, STE. 5000
LONGWOOD, FL 327795044 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: MOORE, RICHARD
Address: 533 FOX HUNT CIR
City-St-Zip: LONGWOOD, FL 32750

Title: STD () Delete
Name: BERRYHILL, ROBYN
Address: 569 FOX HUNT CIR
City-St-Zip: LONGWOOD, FL 32750

Title: VPD () Delete
Name: MULLEN, BRIAN
Address: 581 FOX HUNT CIR
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: CANNON, TIMOTHY J
Address: 635 FOX HUNT CIR
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: SHUMATE, KANDI
Address: 893 AVIARY BAY CIR
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: SHIM, BONNIE
Address: 565 FOX HUNT CIR
City-St-Zip: LONGWOOD, FL 32750

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

Title: D (X) Change () Addition
Name: PROTHEROE, LINDA
Address: 570 FOX HUNT CIR
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD MOORE

PD

03/14/2006

Electronic Signature of Signing Officer or Director

Date