

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005500

FILED
Apr 21, 2009
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: D () Delete
Name: MITCHELL, HANK
Address: 898 AVIARY BAY CIR
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: DAVISON, JOHN
Address: 610 FOX HUNT CIR
City-St-Zip: LONGWOOD, FL 32750

Title: VPD () Delete
Name: PROTHEROE, LINDA
Address: 570 FOX HUNT CIR
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EDWARDS, LYNN
Address: 638 FOX HUNT CIR
City-St-Zip: LONGWOOD, FL 32750

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

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

Title: VPD (X) Change () Addition
Name: DAVISON, JOHN
Address: 610 FOX HUNT CIR
City-St-Zip: LONGWOOD, FL 32750

Title: PD (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 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: LINDA PROTHEROE

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date