

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004095

FILED
Mar 26, 2009
Secretary of State

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

Current Principal Place of Business:

2180 WEST S.R. 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST S.R. 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-3266112

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: VPD () Delete
Name: QUECKBOERNER, SCOTT
Address: 11910 EGRET BLUFF
City-St-Zip: CLERMONT, FL 34711

Title: SD () Delete
Name: MANLEY, CLARENCE JR
Address: 11537 OSPREY PT BLVD
City-St-Zip: CLERMONT, FL 34711

Title: TD () Delete
Name: CORZINE, JEFF
Address: 11908 FALCON CREST
City-St-Zip: CLERMONT, FL 34711

Title: PD () Delete
Name: KELLER, ALLEN
Address: 11548 OSPREY POINTE BLVD
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: KELLER, EVELYN
Address: 11716 OSPREY POINTE BLVD
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: YASKIEWICZ, JIM
Address: 11536 OSPREY PT BLVD
City-St-Zip: CLERMONT, FL 34711

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

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

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

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

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: ALLEN KELLER

PD

03/26/2009

Electronic Signature of Signing Officer or Director

Date