


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90061 002 ****61.25

DOCUMENT # N94000005622		
1. Entity Name OSPREY POINTE AT DOLPHIN CAY OWNER'S ASSOCIATION, INC.		

Principal Place of Business 4801 OSPREY DRIVE S. SAINT PETERSBURG, FL 33711 US	Mailing Address 4779 DOLPHIN CAY LANE S. SAINT PETERSBURG, FL 33711 US
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2. Principal Place of Business - No P.O. Box # 3001 Executive Dr. Suite, Apt. #, etc. Suite 260 City & State Clearwater, FL Zip 33762 Country Pinellas	3. Mailing Address 3001 Executive Dr. Suite, Apt. #, etc. Suite 260 City & State Clearwater, FL Zip 33762 Country Pinellas
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6. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCILLIGO, JIM 4801 OSPREY DRIVE S. #406 SAINT PETERSBURG, FL 33711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Horan, Tom 4830 Osprey Drive S # 604 St. Petersburg, FL 33711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PFAUSER, JACK 4850 OSPREY DRIVE S. #304 SAINT PETERSBURG, FL 33711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Desalvo, Sandie 4850 Osprey Drive S. # 501 St. Petersburg, FL 33711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NIEHAUS, BILL 4801 OSPREY DRIVE S. #604 SAINT PETERSBURG, FL 33711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KALL, JOHN 4830 OSPREY DRIVE S. #304 SAINT PETERSBURG, FL 33711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD REIMER, STANLEY 4801 OSPREY DRIVE S. #509 SAINT PETERSBURG, FL 33711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATTHEWS, ROBERT 4801 OSPREY DRIVE S. #206 SAINT PETERSBURG, FL 33711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: JACK PFAUSER	Date 4/4/08 Daytime Phone # (727) 827-5942