2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000633

FILED Jan 15, 2009 Secretary of State

Entity Name: OSPREY RESIDENTIAL DISTRICT ASSOCIATION, INC.

| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | |
|---|--|---------------------------------|---|--|--|
| SUITE 103 | ORD DRIVE NE, FL 32940 | | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | |
| SUITE 103 | ORD DRIVE NE, FL 32940 | | | | |
| FEI Number: | 59-3307461 | FEI Number Applied For () | FEI Number Not Appl | icable () Certificate of Status Desired () | |
| Name and | Address of C | urrent Registered Agent: | Name and | Address of New Registered Agent: | |
| SUITE 103 | C ORD DRIVE NE, FL 32940 | US | | | |
| The above in the State | | ubmits this statement for the p | urpose of changing i | ts registered office or registered agent, or both, | |
| SIGNATUR | E: | | | | |
| | Electroni | c Signature of Registered Age | ent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITION | S/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | VPD () WISEMAN, FLO 1740 CURLEW VIERA, FL 3295 | COURT | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | PD () CRUZ, MARGUE 1778 SUN GAZE VIERA, FL 3298 | R DRIVE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SD () KITSOPOULOS, 1733 SUN GAZE VIERA, FL 3298 | R DRIVE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TD () HAYES, PAUL 1619 SUN GAZE VIERA, FL 3298 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | () | Delete | Title: Name: Address: City-St-Zip: | D () Change (X) Addition OSBOURNE, CONRAD 1818 SUN GAZER DRIVE VIERA, FL 32955 | |

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: ERIC BYRD RA 01/15/2009