

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002879

FILED
Mar 04, 2009
Secretary of State

Entity Name: OSPREY POINT AT GULF HARBOUR HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 65-0653442

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: OSTROM, ROBERT
Address: 14773 OSPREY POINT DR
City-St-Zip: FORT MYERS, FL 33908

Title: SD () Delete
Name: BRUNEMANN, MARIANNE
Address: 14726 OSPREY POINT DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: TD () Delete
Name: ROMOLINO, BEN
Address: 14750 OSPREY POINT DR
City-St-Zip: FORT MYERS, FL 33908

Title: VPD (X) Delete
Name: KINCAID, TERRY
Address: 14758 OSPREY POINT DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Delete
Name: DANVELO, RONALD
Address: 14714 OSPREY POINT DR
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: BRUNEMANN, MARIANNE
Address: 14726 OSPREY POINT DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: TSD (X) Change () Addition
Name: POLAND, MAYNARD
Address: 14717 OSPREY POINT DR
City-St-Zip: FORT MYERS, FL 33908

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: ROBERT OSTROM

PD

03/04/2009

Electronic Signature of Signing Officer or Director

Date