

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002947

FILED
Apr 08, 2009
Secretary of State

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

Current Principal Place of Business:

11430 OSPREY LANDING WAY
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

8890 TERRENCE
SUITE 101
BONITA SPRINGS, FL 34135 US

New Mailing Address:

4061 BONITA BEACH RD
201
BONITA SPRINGS, FL 34134 US

FEI Number: 65-0578036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TALIAFERRO, DON
8890 TERRENCE CT STE 101
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

TALIAFERRO, DON
4061 BONITA BEACH RD
201
BONITA SPRINGS, FL 34134 US

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: DEBI TALIAFERRO

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GAFVERT, ROBERT
Address: 1850 OLDEN GLEN
City-St-Zip: DEPERE, WI 54115

Title: VP () Delete
Name: HARRIS, ARNIE
Address: 11418 OSPREY LANDING WAY
City-St-Zip: FT MYERS, FL 33908

Title: P () Delete
Name: FREEMAN, STEPHANIE
Address: 11461 OSPREY LANDING WAY
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: COLE, BILL
Address: 11538 OSPREY LANDING WAY
City-St-Zip: FORT MYERS, FL 33908

Title: S/T () Delete
Name: KELLY, FRAN
Address: 11469 OSPREY LANDING WAY
City-St-Zip: FT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DEBI TALIAFERRO

CAM

04/08/2009

Electronic Signature of Signing Officer or Director

Date