

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90009 002 ****61.25

DOCUMENT # N96000003642

1. Entity Name
OSPREY PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
3684 TAMPA RD
STE 6
OLDSMAR, FL 34677 US

Mailing Address
3684 TAMPA RD
STE 6
OLDSMAR, FL 34677 US

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip Country



01142008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3455578

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALBRAITH, CHARLA
3684 TAMPA RD
SUITE 6
OLDSMAR, FL 34677

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOOLEY, BRAD 2860 SWAN CIRCLE DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUNDRIDGE, LUKE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3684 Tampa Rd, Ste 6 Oldsmar, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FISCHL, JACK 2810 SWAN CIR DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fischl, Jack TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3684 Tampa Rd, Ste 6 Oldsmar, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENDERSON, JOHN 2850 SWAN CIRCLE DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Henderson, John PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3684 Tampa Rd, Ste 6 Oldsmar, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, JOAN 2880 SWAN CIRCLE DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Reed, Joan SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3684 Tampa Rd, Ste 6 Oldsmar, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STUART, ALLAN 2800 SWAN CIR DUNEDIN, FL 34698 <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	VPD JAHNS, DOUG 2900 SWAN CIR DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jahns, Doug VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3684 Tampa Rd, Ste 6 Oldsmar, FL 34677

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: *Paul Fischl*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-30-08 - 727-737-7911

Daytime Phone #