2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005927

FILED Apr 26, 2007 Secretary of State

Entity Name: OSPREY VILLAS AT AQUARINA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

235 HAMMOCK SHORE DRIVE MELBOURNE BEACH, FL 32951

Current Mailing Address: New Mailing Address:

2681 LONGWOOD BLVD MELBOURNE, FL 32934

FEI Number: 59-3440368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILLER, GEORGE 214 OSPREY VILLAS COURT MELBOURNE BEACH, FL 32951 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 ST () Delete
 Title:
 ST (X) Change () Addition

 Name:
 CATALANO, VALENTINE
 Name:
 BURNETTE, SHIRLEY

 Address:
 15 CREELMAN DRIVE
 Address:
 218 OSPREY VILLAS COURT

 City-St-Zip:
 SETUATE, MA 02066
 City-St-Zip:
 MELBOURNE BEACH, FL 32951

Title: P () Delete Title: P (X) Change () Addition

Name:MILLER, GEORGEName:BURNETTE, WILLIAMAddress:214 OSPREY VILLAS COURTAddress:218 OSPREY VILLAS COURTCity-St-Zip:MELBOURNE BEACH, FL 32951City-St-Zip:MELBOURNE BEACH, FL 32951

Title: () Delete Title: (X) Change () Addition BURNETTE, WILLIAM Name: OFFENHAUSER, WILLIAM Name: 218 OSPREY VILLAS COURT 206 OSPREY VILLAS COURT Address: Address: City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE BEACH, FL 32951

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: WILLIAM BURNETTE P 04/26/2007