

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90121 019 ****61.25

DOCUMENT # N97000003698

1. Entity Name
OSPREY RIDGE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**C/O VISTA PROPERTIES
100 VISTA ROYALE BLVD
VERO BEACH, FL 32962 US**

Mailing Address
**C/O VISTA PROPERTIES
100 VISTA ROYALE BLVD
VERO BEACH, FL 32962 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

65-0765132

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUMB, KEVIN
183 SE OSPREY RIDGE
PORT SAINT LUCIE, FL 34984**

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, 2006**

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 PD ☒ Delete
NAME LUMB, KEVIN
STREET ADDRESS 183 SE OSPREY RIDGE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34984

TITLE PD ☐ Change ☐ Addition
NAME ~~Tom~~ BROWN, TOM
STREET ADDRESS 186 SE OSPREY RIDGE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34984

TITLE DVP ☒ Delete
NAME HAASE, HARRY J
STREET ADDRESS 197 SE OSPREY RIDGE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34984

TITLE DVP ☐ Change ☐ Addition
NAME BOGDAN, BARBARA
STREET ADDRESS 169 OSPREY RIDGE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34984

TITLE SD ☒ Delete
NAME FORKER, LYNN
STREET ADDRESS 193 SE OSPREY RIDGE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34984

TITLE SD ☐ Change ☐ Addition
NAME SINGH, DAVID
STREET ADDRESS 185 SE OSPREY RIDGE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34984

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Tom Brown Tom BROWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-06

772-871-1212

Date

Daytime Phone #