


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90026 046 ****61.25

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|---|---|--|---|---|--|
| 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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0765132 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$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 David Singh Street Address (P.O. Box Number is Not Acceptable) 185 SE OSPREY Ridge City Port St. Lucie FL 34984 | | |
| 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 David Singh, President | | | DATE 7/24/07 | | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | | 9. Election Campaign Financing <input type="checkbox"/> | | \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BROWN, TOM 186 SE OSPREY RIDGE PORT SAINT LUCIE, FL 34984 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD DAVID SINGH 185 SE OSPREY RIDGE Port St. Lucie, FL 34984 |
| <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVP SHAWN FIX 181 SE OSPREY RIDGE Port St. Lucie, FL 34984 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD SINGH, DAVID 185 SE OSPREY RIDGE PORT SAINT LUCIE, FL 34984 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVP HARRY HANSE 197 SE OSPREY RIDGE Port St. Lucie, FL 34984 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: David Singh, President | | | DATE 7/24/07 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | DATE 7/24/07 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | DATE 7/24/07 | | |