2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N97000003698

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0765132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SINGH, DAVID
183 SE OSPREY RIDGE
PORT SAINT LUCIE, FL 34984 US

Name and Address of New Registered Agent:

BROWN, TOM
186 SE OSPREY RIDGE
PORT SAINT LUCIE, FL 34984 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: TOM BROWN 03/04/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SINGH, DAVID
Address: 185 SE OSPREY RIDGE
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

Title: DVP ( ) Delete
Name: FIX, SHAWN
Address: 181 SE OSPREY RIDGE
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

Title: SD ( ) Delete
Name: SINGH, DAVID
Address: 185 SE OSPREY RIDGE
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

Title: S ( ) Delete
Name: PREVITE, PETER
Address: 175 SE OSPREY RIDGE
City-St-Zip: PORT ST. LUCIE, FL 39984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BROWN, TOM
Address: 186 SE OSPREY RIDGE
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

Title: DVP (X) Change ( ) Addition
Name: CAMPBELL, WILLIAM
Address: 187 OSPREY RIDGE
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

Title: SD (X) Change ( ) Addition
Name: PREVITE, PETER
Address: 175 OSPREY RIDGE
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

Title: T (X) Change ( ) Addition
Name: CAMPBELL, WILLIAM
Address: 187 OSPREY RIDGE
City-St-Zip: PORT ST. LUCIE, FL 39984

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: TOM BROWN PD 03/04/2009
Electronic Signature of Signing Officer or Director Date