

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90284 032 ****61.25

DOCUMENT # N97000006347

1. Entity Name
**OSPREY COVE (ORANGE COUNTY) HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**2180 W. STATE RD. 434, SUITE 5000
LONGWOOD, FL 32779**

Mailing Address
**2180 W. STATE RD. 434, SUITE 5000
LONGWOOD, FL 32779**

40078543



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

8429 Baywood Vista Dr

3. Mailing Address

PO BOX 608744

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082007 Chg-NP CR2E037 (12/06)

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

4. FEI Number
59-3478698

Applied For
Not Applicable

Zip
32810

Country

Zip

32860

Country

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

6. Name and Address of Current Registered Agent

**SANFILIPPO, JOSEPH
8429 BAYWOOD VISTA DR.
ORLANDO, FL 32810**

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, 2007**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MITCHELL, ZACHARY
5650 NEW CAMBRIDGE RD
ORLANDO, FL 32810** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MACK, SHINARA
5520 NEW CAMBRIDGE RD
ORLANDO, FL 32810** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RAY COLON
5533 NEW CAMBRIDGE RD.
ORLANDO, FL 32810** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY/TREASURER
LINDA FRISARD
5602 NEW CAMBRIDGE RD.
ORLANDO, FL 32810** ☐ Change ☒ Addition

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

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Z Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #