

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006347

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

8429 BAYWOOD VISTA DR  
ORLANDO, FL 32810

**New Principal Place of Business:**

250 WILSHIRE BLVD  
SUITE 141  
CASSELBERRY, FL 32707

**Current Mailing Address:**

P.O. BOX 608744  
ORLANDO, FL 32860

**New Mailing Address:**

21406 QUARTER COVE  
MOUNT DORA, FL 32757

**FEI Number:** 59-3478698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

SANFILIPPO, JOSEPH  
21406 QUARTER COVE  
MOUNT DORA, FL 32757 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: JOSEPH SANFILIPPO

01/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MITCHELL, ZACHARY  
Address: 5650 NEW CAMBRIDGE RD  
City-St-Zip: ORLANDO, FL 32810

Title: VP  
Name: BRAD, AINSLIE  
Address: 5545 NEW CAMBRIDGE RD  
City-St-Zip: ORLANDO, FL 32810

Title: ST  
Name: DEBBIE, JOHNSON  
Address: 5627 NEW CAMBRIDGE RD  
City-St-Zip: ORLANDO, FL 32810

I hereby 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 all other like empowered.

SIGNATURE: ZACHARY MITCHELL

PRES

01/03/2011

Electronic Signature of Signing Officer or Director

Date