

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00811

**FILED  
Apr 26, 2017  
Secretary of State  
CC3310227651**

**Entity Name:** OSPREY CREEK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

COASTAL PROPERTY MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 100  
STUART, FL 34994

**Current Mailing Address:**

C/O COASTAL PROPERTY MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 100  
STUART, FL 34994 US

**FEI Number:** 59-2382041

**Certificate of Status Desired:** No

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

ROSS EARLE & BONAN, P.A.  
789 S. FEDERAL HIGHWAY  
STE. 101  
STUART, FL 34994 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           SCHOENBRUN, STEPHEN DR.  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE 100  
City-State-Zip: STUART FL 34994

Title           PD  
Name           PROVINES, STEVE  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE 100  
City-State-Zip: STUART FL 34994

Title           SECRETARY  
Name           FOSSETT, LEE  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE 100  
City-State-Zip: STUART FL 34994

Title           VPD  
Name           CHURCHILL, JAMES  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE 100  
City-State-Zip: STUART FL 34994

*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:** STEVE PROVINES

**PRESIDENT**

**04/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date