

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00811

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

**FILED**  
**Mar 05, 2014**  
**Secretary of State**  
**CC8133052972**

**Current Principal Place of Business:**

BRISTOL MANAGEMENT  
543 NW LAKE WHITNEY PL #101  
PORT SAINT LUCIE, FL 34985

**Current Mailing Address:**

BRISTOL MANAGEMENT  
543 NW LAKE WHITNEY PL #101  
PORT SAINT LUCIE, FL 34985 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 DS  
Name SCHOENBRUN, STEVE  
Address 1930 COMMERCE LN, STE 1  
City-State-Zip: JUPITER FL 33458

Title DT  
Name GITTER, ADELE  
Address 1930 COMMERCE LN, STE 1  
City-State-Zip: JUPITER FL 33458

Title DP  
Name WAGNER, CLIFF  
Address 1930 COMMERCE LN, STE 1  
City-State-Zip: JUPITER FL 33458

Title D1VP  
Name NYE, ROBERT  
Address 1930 COMMERCE LN, STE 1  
City-State-Zip: JUPITER FL 33458

Title D2VP  
Name FIORDA, ANNA  
Address 1930 COMMERCE LN, STE 1  
City-State-Zip: JUPITER FL 33458

*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: CLIFF WAGNER**

**PRESIDENT**

**03/05/2014**

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

\_\_\_\_\_  
Date