

FILE NOW: FILING FEE IS \$61.25

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May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43349** (2)  
1. Corporation Name  
**OYSTER CREEK HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business <b>6500 ORIOLE BLVD ENGLEWOOD FL 34224-8956</b>	Mailing Address <b>6500 ORIOLE BLVD ENGLEWOOD FL 34224-8956</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>05/10/1991</b>	3a. Date of Last Report <b>01/31/1996</b>
4. FEI Number <b>65-0310704</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>ARSENSAULT, KENNETH G 655 ULMERTON ROAD SUITE 4-A LARGO FL 34641</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>DIRECTOR</b>
NAME	<b>VERNON, WILLIAM G</b>	1.2 NAME	<b>VERNON, WILLIAM G.</b>
STREET ADDRESS	<b>6500 ORIOLE BLVD</b>	1.3 STREET ADDRESS	<b>6500 ORIOLE BLVD.</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	1.4 CITY-ST-ZIP	<b>ENGLEWOOD, FL 34224-8956</b>
TITLE	<b>D</b>	2.1 TITLE	<b>DIRECTOR</b>
NAME	<b>KISEL, JOHN</b>	2.2 NAME	<b>PREMER, ROY A.</b>
STREET ADDRESS	<b>8431 CREEKVIEW LN</b>	2.3 STREET ADDRESS	<b>6500 ORIOLE BLVD</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	2.4 CITY-ST-ZIP	<b>ENGLEWOOD, FL 34224-8956</b>
TITLE	<b>D</b>	3.1 TITLE	<b>DIRECTOR</b>
NAME	<b>BOURGEOIS, G PATRICK</b>	3.2 NAME	<b>COON, FRANK D. JR.</b>
STREET ADDRESS	<b>6500 ORIOLE BLVD</b>	3.3 STREET ADDRESS	<b>6500 ORIOLE BLVD</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	3.4 CITY-ST-ZIP	<b>ENGLEWOOD, FL 34224-8956</b>
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 619, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0082636

CR2E037 (9/96)