5f.

FILED
Jun 18, 2002 8:00 am
Secretary of State
05-24-2002 91326 004 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006603

1. Entity Name

The Village at Oyster Creek Association, Inc.

[redacted]

DO NOT WRITE IN THIS SPACE

35783

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6800 Placida Rd.	6800 Placida Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Englewood FL 34224	City & State: Englewood FL 34224
Zip: 34224 Country: Charlotte	Zip: 34224 Country: Charlotte

4. FEI Number: 01-0617883 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Robert W. Spade

Street Address (P.O. Box Number is Not Acceptable): 6800 Placida Road

City: Englewood FL Zip Code: 34224

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.

SIGNATURE: Robert W Spade 6/10/02 4/30/02

Signature, type or print name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when mandated.) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE T NAME Trustee STREET ADDRESS Robert W. Spade CITY-ST-ZIP 6800 Placida Road Englewood FL 34224	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Director STREET ADDRESS Jay Wetherill CITY-ST-ZIP 6800 Placida Road Englewood FL 34224	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Director STREET ADDRESS David Spade CITY-ST-ZIP 6800 Placida Road Englewood FL 34224	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE IN THIS SPACE**
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CR2E037B (12/01)

12. I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert W Spade 4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #