

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90087 008 \*\*\*\*61.25

**DOCUMENT # N01000005603**

1. Entity Name  
**THE VILLAGE AT OYSTER CREEK CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**1954 OREGON TRAIL  
BOX 11  
ENGLEWOOD, FL 34224**

Mailing Address  
**1954 OREGON TRAIL  
BOX 11  
ENGLEWOOD, FL 34224**

40112000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**504 NORTH INDIANA**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272007 Chg-NP CR2E037 (12/06)

City & State

City & State  
**ENGLEWOOD FL**

4. FEI Number  
**01-0617883**

Applied For  
Not Applicable

Zip

Country

Zip

**34223**

Country

**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERCIER, LETETIA MCPA JULIA CARLAND  
508 N INDIANA AVE  
ENGLEWOOD, FL 34223**

Name **JULIA CARLAND**

Street Address (P.O. Box Number is Not Acceptable)

**504 North Indiana Avenue**

City **Englewood**

**FL**

Zip Code  
**34223**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JULIA CARLAND**

Signature, typed or printed name of registered agent and title if applicable.

*Julia Carland*

(NOTE: Registered Agent signature required when reinstating)

**4-27-07**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **P MCQUEEN, BOBBY**  
STREET ADDRESS **3203 BRIDGEFIELD DR**  
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T GOOGINS, BARRY**  
STREET ADDRESS **1954 OREGON TR #3**  
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **V LAUGHLIN, ED**  
STREET ADDRESS **1954 OREGON TRAIL # 10**  
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **S VGRNADOE, JANICE**  
STREET ADDRESS **303 LAKE HOLLINGSWORTH DR**  
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☒ Change ☒ Addition  
NAME **STEVE HEIRS**  
STREET ADDRESS **817 S. Keller Road**  
CITY-ST-ZIP **Orlando, FL 33803**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D RICHARD WHEATLEY**  
STREET ADDRESS **7242 Sadie Lane**  
CITY-ST-ZIP **Belleville MI 48111**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **S ANNETTE FASANO**  
STREET ADDRESS **104 Hull Drive**  
CITY-ST-ZIP **Manahawkin NJ 08050**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bobby McQueen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #