SIGNATURE	: PAUL T FREEMAN		
	Electronic Signature of Registered Agent		
Officer/Director Detail :			
Title	PRESIDENT	Title	VP
Name	CUTSLER, WALTER	Name	FRAKER, DEAN
Address	PO BOX 3085	Address	PO BOX 3085
City-State-Zip:	PLACIDA FL 33946	City-State-Zip:	PLACIDA FL 33946
Title	DIRECTOR	Title	TREASURER, SECRETARY
Name	PARENT, DAN	Name	PRATT, TOM
Address	PO BOX 3085	Address	PO BOX 3085

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100005603

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

Current Principal Place of Business:

3754 CAPE HAZE DR ROTONDA WEST, FL 33947

Current Mailing Address:

PO BOX 3085 PLACIDA, FL 33946 US

FEI Number: 01-0617883

Name and Address of Current Registered Agent:

FREEMAN, PAUL T 3754 CAPE HAZE DR ROTONDA WEST, FL 33947 US

City-State-Zip: PLACIDA FL 33946

City-State-Zip: PLACIDA FL 33946

DIRECTOR

PO BOX 3085

ROOKSTOOL, KEVIN

Title

Name

Address

FILED Mar 04, 2024 Secretary of State 1320776452CC

> 03/04/2024 Date

Certificate of Status Desired: No

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 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: WALTER CUTSLER

PRESIDENT

City-State-Zip: PLACIDA FL 33946

Electronic Signature of Signing Officer/Director Detail

Date