

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005603

Entity Name: THE VILLAGE AT OYSTER CREEK CONDOMINIUM
ASSOCIATION, INC.**FILED**
Feb 20, 2013
Secretary of State
CC8627212113**Current Principal Place of Business:**1954 OREGON TRAIL
BOX 11
ENGLEWOOD, FL 34224**Current Mailing Address:**514 NORTH INDIANA
ENGLEWOOD, FL 34223**FEI Number: 01-0617883****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CARTLAND, JULIA
514 N INDIANA AVE
ENGLEWOOD, FL 34223 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	P
Name	DAVIS, THOMAS
Address	202 WINDWARD PASSAGE UNIT 205
City-State-Zip:	CLEARWATER FL 33767

Title	D
Name	LAUGHLIN, ED
Address	1954 OREGON TRAIL # 10
City-State-Zip:	ENGLEWOOD FL 34224

Title	VP
Name	HIERS, STEVE
Address	817 S, KELLER ROAD
City-State-Zip:	ORLANDO FL 32810

Title	D
Name	NASLANIC, KENNETH
Address	1236 BEACHLAND BLVD
City-State-Zip:	WATERFORD MI 48328

Title	T
Name	GOOGINS, BARRY
Address	1954 OREGON TR #3
City-State-Zip:	ENGLEWOOD FL 34224

Title	D
Name	SAKES, GARY
Address	7305 S RIDGEBROOK DRIVE
City-State-Zip:	MAPLETON IL 61547

Title	S
Name	MC QUEEN, BOBBY
Address	3203 BRIDGEFIELD DRIVE
City-State-Zip:	LAKELAND FL 33803

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: THOMAS DAVIS**PRESIDENT****02/20/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date