SIGNATURE	: DOUGLAS E WILSON		01/*	19/2022
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	TD	Title	D	
Name	KOLASINSKI, JIM	Name	TERR, THOMAS	
Address	OYSTER CREEK HOMEOWNER C/O AMI: 899 WOODBRIDGE DR	Address	OYSTER CREEK HOMEOWNER C/O AMI: 899 WOODBRIDGE DR	
City-State-Zip:	VENICE FL 34293	City-State-Zip:	VENICE FL 34293	
Title	PD, PRESIDENT	Title	SD	
Name	JONES, ROBERT	Name	PICKETT, PATRICIA	
Address	OYSTER CREEK HOMEOWNER C/O AMI: 899 WOODBRIDGE DR	Address	OYSTER CREEK HOMEOWNER C/O AMI: 899 WOODBRIDGE DR	
City-State-Zip:	VENICE FL 34293	City-State-Zip:	VENICE FL 34293	
Title	D, ASST. SECRETARY	Title	D, VP	
Name	MANN, RAY	Name	DOWNIN, SUSAN	
Address	OYSTER CREEK HOMEOWNER C/O AMI: 899 WOODBRIDGE DR	Address	OYSTER CREEK HOMEOWNER C/O AMI: 899 WOODBRIDGE DR	
City-State-Zip:	VENICE FL 34293	City-State-Zip:	VENICE FL 34293	
Title Name	DIRECTOR, ASST. TREASURER BAILEY, MARK			
Address	OYSTER CREEK HOMEOWNER C/O AMI: 899 WOODBRIDGE DR			

VENICE, FL 34293 US FEI Number: 65-0310704

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: OYSTER CREEK HOMEOWNERS' ASSOCIATION, INC.

Name and Address of Current Registered Agent:

ADVANCED MANAGAMENT, INC. 899 WOODBRIDGE DRIVE VENICE, FL 34293 US

Current Mailing Address:

OYSTER CREEK HOMEOWNER C/O AMI: 899 WOODBRIDGE DR

DOCUMENT# N43349

6601 ORIOLE BLVD ENGLEWOOD, FL 34224

Current Principal Place of Business:

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: DOUGLAS F WILSON

C

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: JIM KOLASINSKI

TREASURER

01/19/2022

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

City-State-Zip: VENICE FL 34293

Date