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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745916** (7)

1. Corporation Name

OYSTER BAY II OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1570 US 1  
SEBASTIAN FL  
US

1570 US 1  
SEBASTIAN FL  
US

3. Date Incorporated or Qualified

02/12/1979

4. FEI Number

59-2159416

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOHR, PHILIP F, ATTORNEY  
1800 W. HIBISCUS BLVD  
SUITE 138  
MELBOURNE FL 32902

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME ABRAM, MAX  
STREET ADDRESS 844 WESTPORT DR  
CITY-ST-ZIP ROCKLEDGE FL ☒ DELETE

TITLE D  
NAME FULLER, MARGARET  
STREET ADDRESS 827 MARLOWE AVE  
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE S  
NAME LEDBETTER, JAMES  
STREET ADDRESS 508 ELEITHERA LANE  
CITY-ST-ZIP INDIAN HARBOUR BEACH FL ☒ DELETE

TITLE V  
NAME BURR, FERN  
STREET ADDRESS PO BOX 950369 N/A  
CITY-ST-ZIP LAKE MARY FL ☐ DELETE

TITLE AST  
NAME BLAHNIK, DALE  
STREET ADDRESS 3035 PAR DRIVE  
CITY-ST-ZIP VERO BEACH FL ☐ DELETE

TITLE D  
NAME HUGHES, MARY J  
STREET ADDRESS 1437 SUWANNE ROAD  
CITY-ST-ZIP DAYTONA BEACH FL ☐ DELETE

1.1 TITLE P  
1.2 NAME GLIDEWELL, MONROE  
1.3 STREET ADDRESS 1760 MAIN SAIL ST.  
1.4 CITY-ST-ZIP SEBASTIAN, FL 32958 ☐ Change ☒ Addition

2.1 TITLE AST  
2.2 NAME FULLER, MARGARET  
2.3 STREET ADDRESS 827 MARLOWE AVE  
2.4 CITY-ST-ZIP ORLANDO, FL 32809 ☒ Change ☐ Addition

3.1 TITLE T  
3.2 NAME TRAVIS, BEVAN  
3.3 STREET ADDRESS 420 SEABREEZE DR.  
3.4 CITY-ST-ZIP INDIANLANTIC, FL 32903 ☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE S  
5.2 NAME BLAHNIK, DALE  
5.3 STREET ADDRESS 3035 PAR DR  
5.4 CITY-ST-ZIP VERO BEACH, FL 32960 ☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  SIGNATURE REQUIRED

1-22-98

589 6513

CR2E037 (10/97)