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**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90037 019 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 745916**

1. Corporation Name

**OYSTER BAY II OWNER'S ASSOCIATION, INC.**

Principal Place of Business

1570 US 1  
SEBASTIAN FL  
US

Mailing Address

1570 US 1  
SEBASTIAN FL  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/12/1979

4. FEI Number

59-2159416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GLIDEWELL, MONROE	
STREET ADDRESS	1760 MAIN SAIL ST	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	FULLER, MARGARET	
STREET ADDRESS	827 MARLOWE AVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TRAVIS, BEVAN	
STREET ADDRESS	420 SEABREEZE DR	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BURR, FERN	
STREET ADDRESS	PO BOX 950369 N/A	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BLAHNIK, DALE	
STREET ADDRESS	3035 PAR DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUGHES, MARY J	
STREET ADDRESS	1437 SUWANNE ROAD	
CITY-ST-ZIP	DAYTONA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TRAVIS, BEVAN	
1.3 STREET ADDRESS	420 SEABREEZE DR	
1.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FULLER, MARGARET	
2.3 STREET ADDRESS	827 MARLOWE AVE	
2.4 CITY-ST-ZIP	ORLANDO, FL 32809	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BROOKS, CORNELIUS	
3.3 STREET ADDRESS	2035 MCINLEY AVE.	
3.4 CITY-ST-ZIP	MELBOURNE, FL 32935	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GLIDEWELL, MONROE	
4.3 STREET ADDRESS	1760 MAIN SAIL ST.	
4.4 CITY-ST-ZIP	SEBASTIAN, FL 32958	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BLACKFORD, GARLAND	
5.3 STREET ADDRESS	1931 ALMA DRIVE	
5.4 CITY-ST-ZIP	W. MELBOURNE, FL 32904	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RACE, DALE	
6.3 STREET ADDRESS	1030 W. OATOLE CR.	
6.4 CITY-ST-ZIP	BARFOOT BAY, FL 32976	

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

Date

589-6513

Daytime Phone #

CR2E037 (11/98)