

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745916

1. Entity Name

OYSTER BAY II OWNER'S ASSOCIATION, INC.

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90033 031 ****61.25

Principal Place of Business	Mailing Address
1570 US 1 SEBASTIAN FL US	1570 US 1 SEBASTIAN FL 32958-3831 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2159416	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

8. 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BEVAN, TRAVIS	
STREET ADDRESS	420 SEABREEZE DR	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	S	<input type="checkbox"/> Delete
NAME	FULLER, MARGARET	
STREET ADDRESS	827 MARLOWE AVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROOKS, CORNELIUS	
STREET ADDRESS	2035 MCKINNY AVE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLIDEWELL, MONROE	
STREET ADDRESS	1760 MAIN SAIL ST	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLACKFORD, GARLAND	
STREET ADDRESS	1931 ALMA DR	
CITY-ST-ZIP	W. MELBOURNE FL 32904	
TITLE	D	<input type="checkbox"/> Delete
NAME	RACE, DALE	
STREET ADDRESS	1030 W. ORIOLE CIR	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMONDS, ROBERT	
STREET ADDRESS	2023 N. ELIZABETH AVE	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED BEVAN TRAVIS 2/2/00 561-589-1890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)