

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745916

1. Entity Name

OYSTER BAY II OWNER'S ASSOCIATION, INC.

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90047 002 ****61.25

Principal Place of Business

1570 US 1
SEBASTIAN FL
US

Mailing Address

1570 US 1
SEBASTIAN FL
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2159416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BEVAN, TRAVIS
420 SEABREEZE DR
INDIALANTIC FL 32903 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FULLER, MARGARET
827 MARLOWE AVE
ORLANDO FL 32809 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BURR, FERN C
PO BOX 950369
LAKE MARY FL 32795-0369 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BURR, T S
PO BOX 950369
LAKE MARY FL 32795-0369 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PROCTER, CAROL
1540 ATZ ROAD
MALABAR, FL 32950 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EDMONDS, ROBERT
2023 N ELIZABETH AVE
ORLANDO FL 32804 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
RACE, DALE
1030 W. ORIOLE CIR
BAREFOOT BAY FL 32976 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/02 561-589-1890

CR2E037 (9/01)