2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007
Secretary of State

DOCUMENT# 761510

Entity Name: OYSTER BAY/POINTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1570 U.S. #1
SEBASTIAN, FL 32958 US

New Principal Place of Business:

Current Mailing Address:

1570 U.S. #1
SEBASTIAN, FL 32958 US

New Mailing Address:

FEI Number: 59-2247913 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORGAN, PAMELA
1570 U.S. 1
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: PROCTER, CAROL
Address: 1540 ATZ ROAD
City-St-Zip: MALABAR, FL 32950

Title: PD ( ) Delete
Name: CASSANDRA, NICHOLAS
Address: 8852 JASPER DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD ( ) Delete
Name: RACE, DALE
Address: 1030 W. ORIOLE CIR.
City-St-Zip: BAREFOOT BAY, FL 32976

Title: SD ( ) Delete
Name: FULLER, MARGARET
Address: 827 MARLOWE AVE
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete
Name: EDMONDS, ROBERT
Address: 2023 N ELIZABETH AVE
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete
Name: MARBLE, L. EDWARD
Address: 1061 W. WARD PKWY.
City-St-Zip: SPRINGFIELD, MO 65810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAROL PROCTER VPD 01/23/2007

Electronic Signature of Signing Officer or Director — Date