

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763230

FILED
Mar 12, 2009
Secretary of State

Entity Name: OYSTER BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1415 BLUEPOINT AVE
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2501
NAPLES, FL 34106 US

New Mailing Address:

FEI Number: 59-2403426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, FALCONER
1435 BLUE POINT AVE
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

PAM, HOWARD
C/O DIRECTORS CHOICE, LLC
1085 - 5TH STREET S
NAPLES, FL 34102 US

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: PAM HOWARD

03/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, FALCONER
Address: 1435 BLUE POINT AVE.
City-St-Zip: NAPLES, FL 34102

Title: TD () Delete
Name: JONES, GINNY
Address: 1435 BLUE POINT AVE
City-St-Zip: NAPLES, FL 34102

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LAURA, DIONNE
Address: 1415 BLUE POINT AVENUE
City-St-Zip: NAPLES, FL 34102

Title: VPD (X) Change () Addition
Name: BARBARA, BAGAS
Address: 1425 BLUE POINT AVENUE
City-St-Zip: NAPLES, FL 34102

Title: T/SD () Change (X) Addition
Name: KURT, DIONNE
Address: 1415 BLUE POINT AVENUE
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify 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: LAURIE DIONNE

PD

03/12/2009

Electronic Signature of Signing Officer or Director

Date