

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763230

FILED  
Feb 21, 2011  
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:**

C/O DIRECTORS CHOICE, LLC  
3784 PROGRESS AVE. #107  
NAPLES, FL 34104 US

**FEI Number:** 59-2403426

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAM, HOWARD  
C/O DIRECTORS CHOICE, LLC  
3784 PROGRESS AVENUE #107  
NAPLES, FL 34104 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:** PRES  
**Name:** TIMOTHY, MCLEVISH  
**Address:** 1415 BLUE POINT AVENUE  
**City-St-Zip:** NAPLES, FL 34102

**Title:** VP  
**Name:** BARBARA, BAGAS  
**Address:** 1425 BLUE POINT AVENUE  
**City-St-Zip:** NAPLES, FL 34102

**Title:** S  
**Name:** BRYANT, DIANE  
**Address:** 1445 BLUE POINT AVENUE  
**City-St-Zip:** NAPLES, FL 34102

**Title:** T  
**Name:** JAMES, NELSON  
**Address:** 1435 BLUE POINT AVENUE  
**City-St-Zip:** NAPLES, FL 34102

I hereby 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 all other like empowered.

**SIGNATURE:** TIM MCLEVISH

P

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date