

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 767707 1. Entity Name OYSTER BAY ESTATES ASSOCIATION, INC.	
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Principal Place of Business 1624 N LAKESHORE DR. SARASOTA, FL 34231	Mailing Address 1624 N LAKESHORE DR. SARASOTA, FL 34231
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DO NOT WRITE IN THIS SPACE



02092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2497995	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$3.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**DREHER, ERNEST
1624 N LAKESHORE DR.
SARASOTA, FL 34231**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

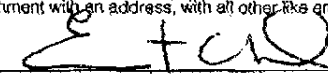
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOODELL, THOMAS W 1903 N LAKESHORE DR SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENGELS, CHARLOTTE 1709 N LAKESHORE DR. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEYER, JOAN 1220 N LAKESHORE DRIVE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANGIE, CHRISTINA 1810 N LAKESHORE DR SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DREHER, ERNEST 1624 N. LAKESHORE DR SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANSTETT, TERRY 4475 CAMINO REAL SARASOTA, FL 34231

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IN THIS SPACE**

000000434539
02/25/06-80005-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **3/7/06 941-365-6400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #