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.

Principal Place of Business	Mailing Address
1624 N LAKESHORE DR. SARASOTA, FL 34231	1624 N LAKESHORE DR. SARASOTA, FL 34231

02092006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2497995
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DREHER, ERNEST
1624 N LAKESHORE DR.
SARASOTA, FL 34231

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	GOODELL, THOMAS W
STREET ADDRESS	1903 N LAKESHORE DR
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	T
NAME	ENGELS, CHARLOTTE
STREET ADDRESS	1709 N LAKESHORE DR.
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	O
NAME	GEYER, JOAN
STREET ADDRESS	1220 N LAKESHORE DRIVE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	MANGIE, CHRISTINA
STREET ADDRESS	1810 N LAKESHORE DR
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	P
NAME	DREHER, ERNEST
STREET ADDRESS	1624 N. LAKESHORE DR
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	ANSTETT, TERRY
STREET ADDRESS	4475 CAMINO REAL
CITY-ST-ZIP	SARASOTA, FL 34231

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02/25/06-90005-024 61.25

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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: _____ 2/9/06 941-365-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #