

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767707

FILED
Apr 30, 2008
Secretary of State

Entity Name: OYSTER BAY ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

1730 S. LAKESHORE DR.
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

1730 S. LAKESHORE DR.
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 59-2497995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALCH, ELIZABETH
1730 S. LAKESHORE DR.
SARASOTA, FL 34231 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: S () Delete
Name: GOODELL, THOMAS W
Address: 1903 N LAKESHORE DR
City-St-Zip: SARASOTA, FL 34231

Title: T () Delete
Name: DOUGHERTY, LAURA
Address: 1710 N. LAKEHSORE DR.
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: GEYER, JOAN
Address: 1220 N LAKESHORE DRIVE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: MANGIE, CHRISTINA
Address: 1810 N LAKESHORE DR
City-St-Zip: SARASOTA, FL 34231

Title: P () Delete
Name: WALCH, ELIZABETH
Address: 1730 S.LAKESHORE DR.
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: PAVER, DIANA
Address: 1919 N. LAKESHORE DR.
City-St-Zip: SARASOTA, FL 34231

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
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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 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: ELIZABETH WALCH

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date