2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#769633

FILED Mar 26, 2009 Secretary of State

Entity Name: OAKS BAYSIDE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: LIGHTHOUSE PROPERTY MGMT 16 CHURCH STREET OSPREY, FL 34229 **New Mailing Address: Current Mailing Address:** LIGHTHOUSE PROPERTY MGMT 16 CHURCH STREET OSPREY, FL 34229 FEI Number: 59-2379826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HRIC, MIKE 60 SUGAR MILL DRIVE OSPREY, FL 34229 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition COFFEY, KATHY Name: Name: 395 SUGAR MILL DRIVE Address: Address: City-St-Zip: OSPREY, FL 34229 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HRIC, MIKE Name: Address: 60 SUGAR MILL DRIVE Address: City-St-Zip: OSPREY, FL 34229 City-St-Zip: Title: ASD () Delete Title: () Change () Addition KEITH, LLOYD Name: Name: Address: 16 CHURCH ST Address: City-St-Zip: OSPREY, FL 34229 City-St-Zip: () Delete Title: Title: () Change () Addition LAWRENCE, VICTOR Name: Name: 72 OPSPREY POINT DRIVE Address: Address: City-St-Zip: OSPREY, FL 34229 City-St-Zip: Title: () Delete Title: () Change () Addition LAMACRAFT, JOHN Name: Name: 310 BANANA PATCH CT Address: Address: City-St-Zip: OSPREY, FL 34229 City-St-Zip: Title: () Delete Title: (X) Change () Addition HAAS, ALI DR HAAS, ALI DR Name: Name: Address: 265 SHELL MIDDEN CT. Address: 270 SHELL MIDDEN CT. OSPREY, FL 34229 OSPREY, FL 34229 City-St-Zip: 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: COINNIE SALUTER MGR 03/26/2009