


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000008022	
1. Entity Name OYSTER BAY LANDINGS ASSOCIATION, INC.	

Principal Place of Business 1840 PHILLIPPI SHORES DR. SARASOTA, FL 34231	Mailing Address PO BOX 20708 SARASOTA, FL 34276
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DO NOT WRITE IN THIS SPACE



04182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1171702	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MORRIS, ROBERT A JR 1840 PHILLIPPI SHORES DR. SARASOTA, FL 34231

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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 reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

U00000347343
04/30/05-80111-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MORRIS, ROBERT A JR 1840 PHILLIPPI SHORES DR. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MORRIS, ROBERT A III 1840 PHILLIPPI SHORES DR. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MORRIS, PAMELA J 1840 PHILLIPPI SHORES DR. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **ROBERT A. MORRIS, JR** **04/25/05** **941-923-6353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #