

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

FILED
Apr 28, 2006 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**



04252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1171702** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MORRIS, ROBERT A JR
1840 PHILLIPPI SHORES 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 _____ (NOTE: Registered Agent signature required when relocating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2006**

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

**000000540178
05/10/06-80008-010 61.25**

10. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **MORRIS, ROBERT A JR**
STREET ADDRESS **1840 PHILLIPPI SHORES DR.**
CITY - ST - ZIP **SARASOTA, FL 34231**

TITLE **DV**
NAME **MORRIS, ROBERT A III**
STREET ADDRESS **1840 PHILLIPPI SHORES DR.**
CITY - ST - ZIP **SARASOTA, FL 34231**

TITLE **STD**
NAME **MORRIS, PAMELA J**
STREET ADDRESS **1840 PHILLIPPI SHORES DR.**
CITY - ST - ZIP **SARASOTA, FL 34231**

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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A MORRIS JR
PRESIDENT **4/27/06** **941-923-6353**
Date Daytime Phone #