

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90194 020 \*\*\*\*61.25

**DOCUMENT # N02000008022**

1. Entity Name  
**OYSTER BAY LANDINGS ASSOCIATION, INC.**



Principal Place of Business  
1921 MONTE CARLO DRIVE, UNIT 703  
SARASOTA, FL 34231

Mailing Address  
PO BOX 20708  
SARASOTA, FL 34276

**60033957**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

Name MORRIS, ROBERT A JR

Street Address (P.O. Box Number is Not Acceptable)

1921 MONTE CARLO DRIVE, UNIT 703

City SARASOTA

FL

Zip Code 34231

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME MORRIS, ROBERT A JR  
STREET ADDRESS 1921 MONTE CARLO DRIVE, UNIT 703  
CITY-ST-ZIP SARASOTA, FL 34231 ☐ Delete

TITLE DV  
NAME MORRIS, ROBERT A III  
STREET ADDRESS 1921 MONTE CARLO DRIVE, UNIT 703  
CITY-ST-ZIP SARASOTA, FL 34231 ☐ Delete

TITLE STD  
NAME MORRIS, PAMELA J  
STREET ADDRESS 1921 MONTE CARLO DRIVE, UNIT 703  
CITY-ST-ZIP SARASOTA, FL 34231 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Robert A. Morris, Jr.*

ROBERT A. MORRIS, JR, PRESIDENT

04/21/2008

941-923-6353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #