

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14256

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: OYSTER COVE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CONSTANTINE TSONAS  
1241 OYSTER COVE DRIVE  
SARASOTA, FL 34242 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CONSTANTINE TSONAS  
1241 OYSTER COVE DRIVE  
SARASOTA, FL 34242 US

**New Mailing Address:**

FEI Number: 59-2946897      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TSONAS, CONSTANTINE  
1241 OYSTER COVE DRIVE  
SARASOTA, FL 34242 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: PD ( ) Delete  
Name: TSONAS, CONSTANTINE  
Address: 1241 OYSTER COVE DRIVE  
City-St-Zip: SARASOTA, FL 34242

Title: TD ( ) Delete  
Name: TSONAS, SHERRI  
Address: 1241 OYSTER COVE DRIVE  
City-St-Zip: SARASOTA, FL 34242

Title: S ( ) Delete  
Name: TSONAS, SHERRI  
Address: 1241 OYSTER COVE DRIVE  
City-St-Zip: SARASOTA, FL 34242

Title: D ( ) Delete  
Name: ALARIO, CHARLES  
Address: 1267 OYSTER COVE DRIVE  
City-St-Zip: SARASOTA, FL 34242

**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  
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: SHERRI TSONAS

S

01/20/2009

Electronic Signature of Signing Officer or Director

Date