2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# N25667

Entity Name: OYSTER BAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1520 BLUE POINT AVE.
#103
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

1520 BLUE POINT AVE.
#103
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 65-0432277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BELZ, JOE
1520 BLUE POINT AVE
#103
NAPLES, FL 34102 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: PTD ( ) Delete
Name: BELZ, MELISSA G
Address: 1520 BLUE POINT AVE., #103
City-St-Zip: NAPLES, FL 34102 US

Title: VPD ( ) Delete
Name: THOMAS, KATHY
Address: 1520 BLUE POINT AVE., #103
City-St-Zip: NAPLES, FL 34102 US

Title: SD ( ) Delete
Name: BELZ, JOE
Address: 1520 BLUE POINT AVE., #103
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: BELZ, MELISSA
Address: 1520 BLUE POINT AVE., #103
City-St-Zip: NAPLES, FL 34102 US

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: MELISSA BELZ PTD 07/07/2008

Electronic Signature of Signing Officer or Director — Date