# 2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**May 10, 2012**
**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:**

1520 BLUE POINT AVE.
#102
NAPLES, FL 34102 US

**Current Mailing Address:**

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

**New Mailing Address:**

1520 BLUE POINT AVE.
#102
NAPLES, FL 34102 US

**FEI Number: 65-0432277** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**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:**

KRAGH, TRISTA
1520 BLUE POINT AVE
#102
NAPLES, FL 34102 US

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: JOE BELZ 05/10/2012
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PTD
Name: KRAGH, TRISTA
Address: 1520 BLUE POINT AVE., #102
City-St-Zip: NAPLES, FL 34102 US

Title: VPD
Name: THOMAS, KATHY
Address: 1520 BLUE POINT AVE., #101
City-St-Zip: NAPLES, FL 34102 US

Title: SD
Name: KRAGH, MATTHEW
Address: 1520 BLUE POINT AVE., #102
City-St-Zip: NAPLES, FL 34102 US

I hereby 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 all other like empowered.

SIGNATURE: JOE BELZ SD 05/10/2012
Electronic Signature of Signing Officer or Director Date