


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90031 016 ****61.25

DOCUMENT # N26110	
1. Entity Name OYSTER BAYOU HOMEOWNERS ASSOCIATION, INC.	

40038811



Principal Place of Business 4725 GRANDVIEW AVE NEW PORT RICHEY, FL 34652-1040 US	Mailing Address P O BOX 1256 NEW PORT RICHEY, FL 34656-1256 US
--	--

2. Principal Place of Business - No P.O. Box # 4714 Grandview Ave.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02022008 Chg-NP CR2E037 (12/06)

City & State New Port Richey, FL	City & State
Zip 34652	Country

4. FEI Number 59-2930123	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent	
YAO CHENG ONG 4712 GRANDVIEW AVE NEW PT RICHEY, FL 34652	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DUNCAN, GEORGE 4716 GRANDVIEW AVENUE NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILKINS, SUZANNE 4714 GRANDVIEW AVENUE NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SALMON, DINA 8694 ASHBURY DRIVE NEW PORT RICHEY, FL 34652 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Dubby Jenkins 8694 Ashbury Dr. Hudson, FL 34667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

03/01/2008 727-859-0196
Date Daytime Phone #

SUZANNE WILKINS