

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N43349

1. Entity Name
OYSTER CREEK HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**OYSTER CREEK HOMEOWNER
6500 ORIOLE BLVD
ENGLEWOOD, FL 34224**

Mailing Address
**OYSTER CREEK HOMEOWNER
C/O AMI: 899 WOODBRIDGE DR
VENICE, FL 34293 US**

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**

6. Name and Address of Current Registered Agent

**ADVANCED MANASAM ENT, INC.
JOHN TILLMAN: 899 WOOD BRIDGE DR
VENICE, FL 34293**

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 the
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **CANNON, ED**
STREET ADDRESS **899 WOODBRIDGE DR**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **PD** Change Addition
NAME **Bill Tapovatz**
STREET ADDRESS **899 woodbridge dr.**
CITY-ST-ZIP **venice fl 34293**

TITLE **VD** Delete
NAME **TAHANEY, PETE**
STREET ADDRESS **899 WOODBRIDGE DR**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **VPD** Change Addition
NAME **Mike rezal**
STREET ADDRESS **899 woodbridge dr.**
CITY-ST-ZIP **venice fl 34293**

TITLE **SD** Delete
NAME **BRYAN, JACK**
STREET ADDRESS **899 WOODBRIDGE DR**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **SD** Change Addition
NAME **Linda Ness**
STREET ADDRESS **899 woodbridge dr.**
CITY-ST-ZIP **venice fl 34293**

TITLE **ASD** Delete
NAME **MANNING, PATRICIA**
STREET ADDRESS **899 WOODBRIDGE DR**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **TD** Change Addition
NAME **Jack Kingston**
STREET ADDRESS **899 woodbridge dr**
CITY-ST-ZIP **venice fl 34293**

TITLE **ATD** Delete
NAME **KIZIS, TOM**
STREET ADDRESS **899 WOODBRIDGE DR**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **D** Change Addition
NAME **Barry Longacre**
STREET ADDRESS **899 wood bridge dr**
CITY-ST-ZIP **venice fl 34293**

TITLE **TD** Delete
NAME **BODE, DONALD**
STREET ADDRESS **899 WOODBRIDGE DR**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **ASTSD** Change Addition
NAME **Dick matthes**
STREET ADDRESS **899 woodabridge dr.**
CITY-ST-ZIP **Venice fl 34293**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08 473-9148
Daytime Phone #

Date

Daytime Phone #

**FILED
Feb 14, 2008 8:00 am
Secretary of State**

02-14-2008 90024 011 ****61.25



02062008 Chg-NP CR2E037 (12/06)

FL Zip Code