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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:18

DOCUMENT # **N44161** **(0)**

1. Corporation Name

OASIS KEY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9801 TREASURE CAY LANE S.E. 6309 CORPORATE CT BONITA SPRINGS FL 33929	P.O. BOX 2268 BONITA SPRINGS FL 33929 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1991
3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0295416 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BOZE, JOANNA
9801 TREASURE CAY LANE SE
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE		☐ Change ☐ Addition
NAME	KELLY, THOMAS J.	12 NAME		
STREET ADDRESS	4051 E. MAIN STREET	13 STREET ADDRESS		
CITY-ST-ZIP	ST. CHARLES IL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	PD	☒ Change ☐ Addition
NAME	MCARDLE, DAVID A.	22 NAME	McArdle,David A.	
STREET ADDRESS	301 S KENILWORTH AVE	23 STREET ADDRESS	311 Kautz Rd.	
CITY-ST-ZIP	ELMHURST IL	24 CITY-ST-ZIP	St. Charles, IL 60174	
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	KEPLEY, RICHARD B.	32 NAME	Kepley, Richard B.	
STREET ADDRESS	9801 TREASURE CAY LN SE	33 STREET ADDRESS	28000 Spanish Wells Dr.	
CITY-ST-ZIP	BONITA SPRINGS FL	34 CITY-ST-ZIP	Bonita Springs, FL 33929	
TITLE	AS	41 TITLE	AS	☒ Change ☐ Addition
NAME	BOZE, JOANNA	42 NAME	Boze, JoAnna	
STREET ADDRESS	9801 TREASURE CAY LN SE	43 STREET ADDRESS	28000 Spanish Wells Blvd.	
CITY-ST-ZIP	BONITA SPRINGS FL	44 CITY-ST-ZIP	Bonita Springs, FL 33929	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas J. Kelly/Secretary 2/23/95 813-992-5529

SIGNATURE AND TYPED OR PRINTED NAME OF E.D. OFFICER OR DIRECTOR — Date — Daytime Phone #