

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N44161 (0)
1. Corporation Name
OASIS KEY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**9801 TREASURE CAY LANE S.E.
6309 CORPORATE CT
BONITA SPRINGS FL 33929**

Mailing Address
**P.O. BOX 2288
BONITA SPRINGS FL 33929
US**

3. Date Incorporated or Qualified
06/26/1991

3a. Date of Last Report
03/28/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

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)
28000 SPANISH WELLS BLVD.
83
84 City **BONITA SPRINGS** **FL** **85** Zip Code
33929

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, THOMAS J.	1.2 NAME	
STREET ADDRESS	4051 E. MAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CHARLES IL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCARDLE, DAVID A.	2.2 NAME	
STREET ADDRESS	311 KAUTZ RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CHARLES IL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEPLEY, RICHARD B.	3.2 NAME	
STREET ADDRESS	28000 SPANISH WELLS DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOZE, JOANNA	4.2 NAME	
STREET ADDRESS	28000 SPANISH WELLS BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96
Date

708-574-6580
Daytime Phone #

CR2E037 (12/95)