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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
9801 TREASURE CAY LANE S.E. 6309 CORPORATE CT BONITA SPRINGS FL 33929	P.O. BOX 2288 BONITA SPRINGS FL 34133-2288 US

3. Date Incorporated or Qualified: 06/26/1991
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business	2a. Mailing Address
21 28000 Spanish Wells Blvd.	26 28000 Spanish Wells Blvd.
Suite, Apt. #, etc. 22	Suite, Apt #, etc. 27
City & State 23 Bonita Springs, FL	City & State 28 Bonita Springs, FL
Zip / Country 24 34135 / 25 Lee	Zip / Country 29 34135 / 30 Lee

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

9. Name and Address of Current Registered Agent

BOZE, JOANNA
28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 33929

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 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ 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	☐ DELETE	2.1 TITLE		☐ Change ☐ 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	☒ DELETE	3.1 TITLE		☐ Change ☐ 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	☐ DELETE	4.1 TITLE		☐ Change ☐ 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		☐ DELETE	5.1 TITLE	VD	☒ Change ☒ Addition
NAME			5.2 NAME	PATE, STEPHEN	
STREET ADDRESS			5.3 STREET ADDRESS	28000 Spanish Wells Blvd.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Bonita Springs, FL 34135-6801	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____ 1/30/97 (630) 584-6500