FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Jan 30 1997 8:00am
Secretary of State

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 34133-2288
US

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

2. Principal Place of Business
21 28000 Spanish Wells Blvd.
Suite, Apt. #, etc.
22
City & State
23 Bonita Springs, FL
Zip 24 34135
Country 25 Lee

2a. Mailing Address
26 28000 Spanish Wells Blvd.
Suite, Apt. #, etc.
27
City & State
28 Bonita Springs, FL
Zip 29 34135
Country 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 _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	☐ DELETE
NAME	KELLY, THOMAS J.	
STREET ADDRESS	4051 E. MAIN STREET	
CITY-ST-ZIP	ST. CHARLES IL	
TITLE	PD	☐ DELETE
NAME	MCARDLE, DAVID A.	
STREET ADDRESS	311 KAUTZ RD	
CITY-ST-ZIP	ST. CHARLES IL	
TITLE	VD	☒ DELETE
NAME	KEPLEY, RICHARD B.	
STREET ADDRESS	28000 SPANISH WELLS DR.	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	AS	☐ DELETE
NAME	BOZE, JOANNA	
STREET ADDRESS	28000 SPANISH WELLS BLVD	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VD	XX Change ☒ Addition
5.2 NAME	PATE, STEPHEN	
5.3 STREET ADDRESS	28000 Spanish Wells Blvd.	
5.4 CITY-ST-ZIP	Bonita Springs, FL 34135-6801	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: [signature] 1/7/97 (630) 584-6500

CR2E037 (9/96)