03031999-90025-034-$61.25-$61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90025 034 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44161

1. Corporation Name

OASIS KEY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
28000 SPANISH WELLS BLVD. BONITA SPRINGS FL 34135 US	28000 SPANISH WELLS BLVD. BONITA SPRINGS FL 34135 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/26/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0295416- ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOZE, JOANNA 28000 SPANISH WELLS BLVD. BONITA SPRINGS FL 33929	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	☒ Change ☐ Addition
NAME	MCARDLE, DAVID A.		2.2 NAME	David A. McArdle	
STREET ADDRESS	311 KAUTZ RD		2.3 STREET ADDRESS	1600 E. Main St., Ste. B	
CITY-ST-ZIP	ST. CHARLES IL		2.4 CITY-ST-ZIP	St. Charles, IL 60174	
TITLE	AS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOZE, JOANNA		3.2 NAME		
STREET ADDRESS	28000 SPANISH WELLS BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	PATE, STEPHEN		4.2 NAME	MICHAEL LANE	
STREET ADDRESS	28000 SPANISH WELLS BLVD.		4.3 STREET ADDRESS	28000 SPANISH WELLS BLVD	
CITY-ST-ZIP	BONITA SPRINGS FL		4.4 CITY-ST-ZIP	BONITA SPRINGS, FLA	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Thomas J. Kelly, Secretary, 1/18/99 (630) 584-6580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #