

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44161

1. Entity Name

OASIS KEY HOMEOWNERS ASSOCIATION, INC.

FILED

00 FEB 16 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135
US

28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135-2850
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 366879

P.O. Box 366879

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

4. FEI Number

65-0295416

Applied For

Not Applicable

Zip

34136

Country

USA

Zip

34136

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

24890 Burnt Place, Suite 6-9

City

Bonita Springs,

FL

Zip Code
34136

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
NAME **KELLY, THOMAS J.**
STREET ADDRESS **4051 E. MAIN STREET**
CITY-ST-ZIP **ST. CHARLES IL**

TITLE Change Addition
NAME **000003145430--9**
STREET ADDRESS **-02/24/00--01005--006**
CITY-ST-ZIP *******61.25 *****61.25**

TITLE **PD** Delete
NAME **MCAROLE, DAVID A**
STREET ADDRESS **1600 E MAIN STREET, STE B**
CITY-ST-ZIP **ST CHARLES IL 60174**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** Delete
NAME **BOZE, JOANNA**
STREET ADDRESS **28000 SPANISH WELLS BLVD**
CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE Change Addition
NAME
STREET ADDRESS **28450 Old 41 Rd., Ste 26**
CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE **VD** Delete
NAME **LANE, MICHAEL**
STREET ADDRESS **23000 SPANISH WELLS BLVD**
CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE Change Addition
NAME
STREET ADDRESS **28450 Old 41 Road, Suite 26**
CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS **LS**
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas J. Kelly
Thomas J. Kelly, Secretary, 1/31/00 (941) 992-5529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)