

# 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 28000 SPANISH WELLS BLVD. BONITA SPRINGS FL 34135 US	Mailing Address 28000 SPANISH WELLS BLVD. BONITA SPRINGS FL 34135-2850 US
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2. Principal Place of Business P.O. Box 366879	3. Mailing Address 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

6. Name and Address of Current Registered Agent  BOZE, JOANNA 28000 SPANISH WELLS BLVD. BONITA SPRINGS FL 33929	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 24890 Burnt Place, Suite 6-9 City Bonita Springs, FL Zip Code 34136
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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 Joanna D. Boze DATE 2-11-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, THOMAS J. 4051 E. MAIN STREET ST. CHARLES IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCAROLE, DAVID A 1600 E MAIN STREET, STE B ST CHARLES IL 60174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BOZE, JOANNA 28000 SPANISH WELLS BLVD BONITA SPRINGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANE, MICHAEL 23000 SPANISH WELLS BLVD BONITA SPRINGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000003145430--9 -02/24/00--01005--006 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 28450 Old 41 Rd., Ste 26 Bonita Springs, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 28450 Old 41 Road, Suite 26 Bonita Springs, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition LS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, Secretary, 1/31/00 (941) 992-5529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)