FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am Secretary of State DOCUMENT # N44161 1. Entity Name OASIS KEY HOMEOWNERS ASSOCIATION. INC. 02-01-2001 90015 050 ****61.25 Principal Place of Business Mailing Address P.O. BOX 366879 P.O. BOX 366879 **BONITA SPRINGS FL 34136 BONITA SPRINGS FL 34136** 910404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0295416 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - - - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **BOZE, JOANNA** 24890 BURNT PLACE, SUITE 6-9 **BONITA SPRINGS FL 34136** Zip Code FL 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) a FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Change ☐ Addition ☐ Delete TITLE KELLY, THOMAS J. NAME NAME STREET ADDRESS 4051 E. MAIN STREET STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ST. CHARLES IL PD ☐ Addition TITLE ☐ Delete TITLE Change MCARDLE, DAVID A NAME NAME 1600 E MAIN STREET, STE B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST CHARLES IL 60174 CITY-ST-ZIP AS Change ☐ Delete ☐ Addition TITLE BOZE, JOANNA NAME NAME STREET ADDRESS 28450 OLD 41 ROAD, STE. 26 STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP 🔯 Delete TITLE VD ☐ Change Addition LANE, MICHAEL NAME Dillon, Ronald STREET ADDRESS 28450 OLD 41 ROAD, STE 26 STREET ADDRESS P.O.Box 366879 CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP Bonita Springs, FL 34136 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayline Phone #

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changed, or on an attachment with areaddress.