

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N45319 (3)

1. Corporation Name

OYSTER BAY ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

RT 2 BOX 4302
CRAWFORDVILLE FL 32327

RT 2 BOX 4302
CRAWFORDVILLE FL 32327

3. Date Incorporated or Qualified

09/24/1991

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 74 Ocean View Dr.

26 74 Ocean View Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Crawfordville, FL

27 City & State
28 Crawfordville, FL

24 Zip 32327 25 Country Wakulla

29 Zip 32327 30 Country WAKULLA

4. FEI Number

59-3089875

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

10. Name and Address of New Registered Agent

FLOWERS, RAY
RT 2 BOX 4302
CRAWFORDVILLE FL 32327

81 Name

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

74 Ocean View Dr

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME THURMAN, J HAROLD
STREET ADDRESS P O BOX 271 NA
CITY-ST-ZIP CRAWFORDVILLE FL

☐ DELETE

TITLE VD
NAME SCOTT, BILL
STREET ADDRESS RT 2 BOX 4318-10
CITY-ST-ZIP CRAWFORDVILLE FL

☐ DELETE

TITLE SDT
NAME FLOWERS, DELLA
STREET ADDRESS RR 2 BOX 4302
CITY-ST-ZIP CRAWFORDVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

WEST MARK, JAY
150 Ocean View Dr.
Crawfordville, FL 32327

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Thurman, J, Harold
68 Ocean View Dr.
Crawfordville, FL 32327

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

74 Ocean View Dr.
Crawfordville, FL 32327

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Deella Flowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

904-926-5804

Date

Daytime Phone #

CR2E037 (12/95)