**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jul 19, 2001 8:00 am **DOCUMENT # N45319 Secretary of State** 1. Entity Name 07-19-2001 90232 042 \*\*\*\*61.25 OYSTER BAY ESTATES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 74 OCEAN VIEW DRIVE 74 OCEAN VIEW DR RATAGAAG **CRAWFORDVILLE FL 32327 CRAWFORDVILLE FL 32327** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE $m{\mathcal{E}}$ Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3089875 Not Applicable \$8.75 Additional Zip Zip Country 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) **EDWARDS, EDDIE 58 GULF BREEZE DR CRAWFORDVILLE FL 32327** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ■ Addition TITLE ☐ Delete TITLE Change **BOCHARDT, MICHAEL** NAME NAME STREET ADDRESS 81 OYSTER BAY DR STREET ADDRESS CRAWFORDVILLE FL 32327 CITY-ST-ZIP CITY-ST-ZIP SDT ☐ Addition Change TITLE ☐ Delete FLOWERS, DELLA NAME NAME 74 OCEAN VIEW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRAWFORDVILLE FL-CITY-ST-ZIP VD ☐ Change ☐ Addition Delete TITLE MESSERSMITH, FRANK NAME NAME 18 GULF BREEZE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRAWFORDVILLE FL 32327 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

. Kalisenicas. Alamer.