

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90095 017 ****61.25

DOCUMENT # N45319 1. Entity Name OYSTER BAY ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 74 OCEAN VIEW DR CRAWFORDVILLE, FL 32327 US			Mailing Address 74 OCEAN VIEW DRIVE CRAWFORDVILLE, FL 32327 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3089875	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent EDWARDS, EDDIE 58 GULF BREEZE DR CRAWFORDVILLE, FL 32327				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when remaining) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THURMOND, HARLD J <input checked="" type="checkbox"/> Delete 68 OCEAN VIEW DR. CRAWFORDVILLE, FL 32327			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Schultz, Nell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 35 Gator Trail Crawfordville, FL 32327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDT FLOWERS, DELLA <input type="checkbox"/> Delete 74 OCEAN VIEW DRIVE CRAWFORDVILLE, FL			TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MESSERSMITH, FRANK <input type="checkbox"/> Delete 18 GULF BREEZE DRIVE CRAWFORDVILLE, FL 32327			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Steels, Gail <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100 Ocean View Drive Crawfordville, FL 32327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			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: <u>Nella H. Steels</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>4/12/05</u> Daytime Phone # <u>850-926-5804</u>	