2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 14, 2005 8:00 am Secretary of State 04-14-2005 90095 017 ****61.25

Principal Place of Business	DOCUMENT # N45319 1. Entity Name OYSTER BAY ESTATES HOMEOWNERS ASSOCIATION, INC.								04-14-2005 9	90095 0	17 ****61.	25
Suite. Apt. #. etc. Suite. Apt. #. etc. D4652005 Ctg-NP CR2E037 (10/03) City & State City & State City & State A. FFI Number 59-3089875 No. Applicable for 59-3089875 No. Appli	74 OCEAN VIEW DR 74 OCEAN VIEW DRIVE					US			Gingi neinn einni ledin e	EIL MINEIL GINZE	Fili: 61211 61811 á101	IIIZI DI EDDE
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Security	City & State			City & State				4. FEI Number 59-308	9875			
EDWARDS, EDDIE 58 GULF BREEZE DR CRAWFORDVILLE, FL 32327 City FL Zip Code 6. The above named ontily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE SYNCY, show or processing with missing and tool the Publication of MOTE Registering Appropriate agent with missing and the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the familiar accept					ntry 	5. Certificate of Status Desired See Required Fee Required						
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SIGNATURE Symbol Section Campaign Section Section Section Campaign Section Sec	EDWARDS	S EDDIE				Name						
B. 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 Symbox, hose or predictions of registered agent. FILITY Symbox, hose or predictions of registered agent and the Flooblotic (NOTE Registery April Symbox of Registery April Sy	58 GULF E	REEZE C				Street Ad	ddress (I	P.O. Box Numb	er is Not Acceptab	ie)		
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that if 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.	IFILE NAME STREET ADDRESS CITY- ST-ZIP IFILE NAME STREET ADDRESS CITY- ST-ZIP IFILE NAME	PD THURMO 68 OCEA CRAWFO SDT FLOWER 74 OCEA CRAWFO VD MESSER 18 GULF CRAWFO	OFFICERS AND DIF OND, HARLD J IN VIEW DR. DRDVILLE, FL 32327 RS, DELLA IN VIEW DRIVE DRDVILLE, FL RSMITH, FRANK BREEZE DRIVE	Trust Fund (RECTORS Delete Delete Delete Delete	Contribution 11. The Market Street City. Fill Market Street City. The Market Street City.	E L'ADONESS ST-ZIP E E ADDRESS ST-ZIP E L'ADDRESS ST-ZIP E E ST-ZIP	35 Cra	Added to Fines ADDITIONS/CH Schulz Gato wofordy	ANGES TO OFFICE Nell Trai	ERS AND	DIRECTORS IN Change Change Change Change Change Change	To Addition Addition Addition Addition Addition Addition Addition
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