
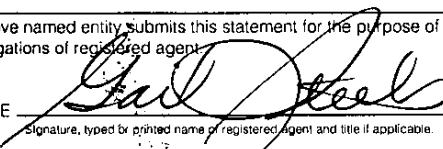
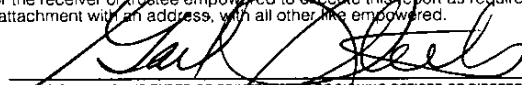


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90080 008 ****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 - No P.O. Box # 100 OCEAN VIEW DR		3. Mailing Address 100 OCEAN VIEW DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CRAWFORDVILLE, FL		City & State CRAWFORDVILLE, FL		4. FEI Number 59-3089875	
Zip 32327		Country USA		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: GAIL STEELS Street Address (P.O. Box Number is Not Acceptable): 100 OCEAN VIEW DR. City: CRAWFORDVILLE FL Zip Code: 32327		
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:  DATE: Feb. 9/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 SCHULZ, NELL 35 GATOR TRAIL CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ELINOR ELFNER 7 GULF BREEZE COURT CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FLOWERS, DELLA 74 OCEAN VIEW DRIVE CRAWFORDVILLE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BARNEY PARKER 37 GULF BREEZE DRIVE CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MESSERSMITH, FRANK 18 GULF BREEZE DRIVE CRAWFORDVILLE, FL 32327	<input checked="" 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	SD STEELS, GAIL 100 OCEAN VIEW DR CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD/TD GAIL STEELS 100 OCEAN VIEW DRIVE CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Feb. 9/07 425-3462		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GAIL STEELS			Date Daytime Phone #		

40013910



01242007 Chg-NP CR2E037 (12/06)