

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45319

FILED
Mar 10, 2008
Secretary of State

Entity Name: OYSTER BAY ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

100 OCEAN VIEW DR
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

100 OCEAN VIEW DR
CRAWFORDVILLE, FL 32327 US

New Mailing Address:

FEI Number: 59-3089875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEELS, GAIL
100 OCEAN VIEW DR
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ELFNER, ELINOR
Address: 7 GULF BREEZE CT.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TDSD () Delete
Name: STEELS, GAIL
Address: 100 OCEAN VIEW DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VD () Delete
Name: PARKER, BARNEY
Address: 37 GULF BREEZE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: SD () Delete
Name: STEELS, GAIL
Address: 100 OCEAN VEIW DR
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PARKER, BARNEY
Address: 37 GULF BREEZE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BOLIEU, LOUIS
Address: 70 GULF BREEZE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL STEELS

S/T

03/10/2008

Electronic Signature of Signing Officer or Director

Date