

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90335 016 ****70.00

DOCUMENT # N97000001282

1. Entity Name
**OYSTER BAY CONDOMINIUM ASSOCIATION OF
SEBASTIAN, INC.**



Principal Place of Business
**1691 EISENHOWER AVENUE
MELBOURNE, FL 32935**

Mailing Address
**1691 EISENHOWER AVENUE
MELBOURNE, FL 32935**

50010661



2. Principal Place of Business

599 CHANTILLY DR
Suite, Apt. #, etc.

3. Mailing Address

599 CHANTILLY DR
Suite, Apt. #, etc.

04052006 Chg-NP CR2E037 (11/05)

City & State

Melbourne FL 32935

City & State

Melbourne FL 32935

Zip

32935

Country

BREVARD

Zip

32935

Country

BREVARD

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALLACE, DEWEY
1691 EISENHOWER AVENUE
MELBOURNE, FL 32935**

7. Name and Address of New Registered Agent

Name **WALLACE, Dewey**

Street Address (P.O. Box Number is Not Acceptable)

599 CHANTILLY DR

City **Melbourne**

FL

Zip Code **32935**

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

Dewey Wallace

4-6-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete
NAME **WALLACE, DEWEY**
STREET ADDRESS **1691 EISENHOWER AVENUE**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE **PD** ☐ Delete
NAME **GADDIE, FERN S**
STREET ADDRESS **4121 MUSTANG ROAD**
CITY-ST-ZIP **MELBOURNE, FL 32934**

TITLE **VD** ☐ Delete
NAME **D'ACIERNO, MARY**
STREET ADDRESS **2551 LEE WARD DR.**
CITY-ST-ZIP **DANA POINT, CA 92629**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **599 CHANTILLY DR**
STREET ADDRESS **Melbourne FL 32935**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **4121 MUSTANG RD**
STREET ADDRESS **Melbourne FL 32934**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **24601 HARBOR VIEW DR**
STREET ADDRESS **UNIT # 3**
CITY-ST-ZIP **DANIA PT CALIF 92629**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Dewey Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-06 3212598749

Date

Daytime Phone #