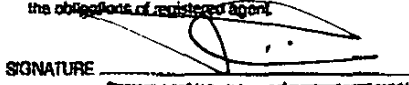


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 AUG 29 PM 12: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001282			
1. Entity Name OYSTER BAY CONDOMINIUM ASSOCIATION OF SEBASTIAN, INC.			
Principal Place of Business 599 CHANTILLY DR MELBOURNE, FL 32935		Mailing Address 599 CHANTILLY DR MELBOURNE, FL 32935	
2. Principal Place of Business - No P.O. Box # 1606 Indian River Dr. Suite, Apt. #, etc.		3. Mailing Address 1606 Indian River Dr. Suite, Apt. #, etc.	
City & State Sebastian, FL		City & State Sebastian, FL	
Zip 32958	Country USA	Zip 32958	Country USA
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 599 CHANTILLY DR MELBOURNE, FL 32935		7. Name and Address of New Registered Agent Name Thomas H. Collins Street Address (P.O. Box Not Acceptable) 1606 Indian River Drive City Sebastian FL Zip Code 32958	
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 		Thomas H. Collins, President	
Amended AR is \$61.25		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE STD	NAME WALLACE, DEWEY	TITLE PT	NAME Thomas H. Collins
STREET ADDRESS 599 CHANTILLY DR	CITY-ST-ZIP MELBOURNE, FL 32935	STREET ADDRESS 1606 Indian River Dr.	CITY-ST-ZIP Sebastian, FL 32958
TITLE PO	NAME GADDIE, FERN S	TITLE S	NAME Marvin C. Carter
STREET ADDRESS 4121 MUSTANG RD	CITY-ST-ZIP MELBOURNE, FL 32934	STREET ADDRESS 1606 Indian River Dr.	CITY-ST-ZIP Sebastian, FL 32958
TITLE VD	NAME D'ACIERNO, MARY	TITLE	NAME
STREET ADDRESS 24601 HARBOR VIEW DR	CITY-ST-ZIP DANA POINT, CA 92629	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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 subsequent 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: 		Thomas H. Collins, President	