2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001282

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

Principal Place of Business	Mailing Address
599 CHANTILLY DR MELBOURNE, FL 32935	599 CHANTILLY DR MELBOURNE, FL 32935

08072007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1606 Indian River Dr. Suite, Apt. #, etc.	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	7. Name and Address of New Registered Agent
WALLACE, DEWEY 599 CHANTILLY DR MELBOURNE, FL 32935	Name: Thomas H. Collins Street Address (P.O. Box Number is 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
Signature, typed or printed name of registered agent and title if applicable — (If 7. Registered Agent signature required when reinstating) — DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WALLACE, DEWEY 599 CHANTILLY DR MELBOURNE, FL 32935	☒ Delete	PT Thomas H. Collins 1606 Indian River Dr. Sebastian, FL 32958	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GADDIE, FERN S 4121 MUSTANG RD MELBOURNE, FL 32934	☒ Delete	S Marvin C. Carter 1606 Indian River Dr. Sebastian, FL 32958	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD D'ACIERNO, MARY 24601 HARBOR VIEW DR DANA POINT, CA 92629-	☒ Delete	200109131902 09/06/07--01028--006 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12 8/31	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Thomas H. Collins, President
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #