

**2000 UNIFORM BUSINESS REPORT (UBR) 2/1**

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90092 001 \*\*\*211.25

**DOCUMENT # N98000004527**

1. Entity Name

**OAK CREEK OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

8181 EAGLE PALM DRIVE  
 RIVERVIEW FL 33569

8181 EAGLE PALM DRIVE  
 RIVERVIEW FL 33569-8988



DO NOT WRITE IN THIS SPACE  
 59-3030457

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**APPLIED FOR**

Applied For  
 Not Applied

Zip

Country

Zip

Country

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

**SHANNON, JEFFREY C ESQ**  
**501 EAST KENNEDY BOULEVARD**  
**SUITE 1700**  
**TAMPA FL 33602**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**SEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRASSER, PAUL 8181 EAGLE PALM DR. RIVERVIEW FL 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EICHER, ERIC 8181 EAGLE PALM DRIVE RIVERVIEW FL 33569	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GREENWALD, MICHAEL 8181 EAGLE PALM DR. RIVERVIEW FL 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, DANA 8181 Eagle Palm Dr. RIVERVIEW, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 registered or trust agent, or authorized 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:

*Signature of Paul Grassler*  
**SIGNATURE PAUL GRASSER**

2/7/00

813-672-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #