


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000004527
 1. Entity Name
 OAK CREEK OWNERS ASSOCIATION, INC.



Principal Place of Business 14025 RIVEREDGE DRIVE SUITE 130 TAMPA, FL 33637	Mailing Address 14025 RIVEREDGE DRIVE SUITE 130 TAMPA, FL 33637
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03302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3630457	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 MECHANIK NUCCIO BENTLEY WILLIAMS & HEARNE
 101 E KENNEDY BLVD
 SUITE 3140
 TAMPA, FL 33602

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOYD, BROOKS R 400 S. TYRON STREET, SUITE 1300 CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LAMBERT, KEVIN 400 S TYRON ST, SUITE 1300 CHARLOTTE, NC 20202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEAKIN, BARBARA 1408 S. DESOTO AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RUFFNER, RON 2202 N. WEST SHORE BLVD 115 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/18/05-80021-008 61.25

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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)(f), 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: Barbara Deakin BARBARA DEAKIN 4/12/05 813-431-2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #