


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90042 018 \*\*\*\*61.25

**DOCUMENT # N98000004527**

1. Entity Name  
**OAK CREEK OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1408 S DE SOTO AVE  
 C/O DEAKIN PROPERTY SERVICES, LLC  
 TAMPA, FL 33606**

Mailing Address  
**1408 S DE SOTO AVE  
 C/O DEAKIN PROPERTY SERVICES, LLC  
 TAMPA, FL 33606**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04192007 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**59-3630457**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
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, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP BOYD, BROOKS R 400 S. TYRON STREET, SUITE 1300 CHARLOTTE, NC 28202 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LAMBERT, KEVIN 400 S TYRON ST, SUITE 1300 CHARLOTTE, NC 20202 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEAKIN, BARBARA 1408 S. DESOTO AVE TAMPA, FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RUFFNER, RON 2202 N. WEST SHORE BLVD 115 TAMPA, FL 33607 <input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOHN COLEMAN 7003 PRESIDENTS DR #800 ORLANDO FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT, DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition LES SABLER 6015 BENJAMIN RD # 314 TAMPA FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY, TREASURER, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BARBARA DEAKIN 1408 S DESOTO AVE TAMPA FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Barbara Deakin* SECRETARY *4/30/07* *813 2515399*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #