
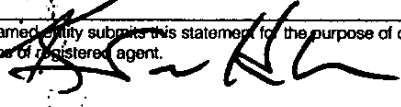
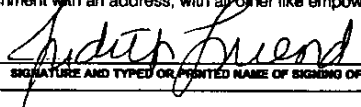


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90212 043 ****61.25

DOCUMENT # N95000000547 1. Entity Name OAK CREST ASSOCIATION, INC.					
Principal Place of Business HAYDEN & ASSOCIATES 8359 BEACON BLVD. SUITE 213 FORT MYERS FL 33907			Mailing Address HAYDEN & ASSOCIATES 21301 S TAMiami TRAIL, STE 230, PMB 335 ESTERO, FL 33928 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HAYDEN, KENNETH W. HAYDEN & ASSOCIATES 8359 BEACON BLVD SUITE 213 FORT MYERS FL 33907				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> (NOTE: Registered Agent signature required when reinstating) </div> <div style="width: 20%; text-align: right;"> DATE 4-20-06 </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	1st VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COWAN, DENNIS		NAME	WISNER, JONATHAN	
STREET ADDRESS	17692 SUMMERLIN RD		STREET ADDRESS	5353 LEEDS RD.	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	2nd VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALMER, KELLY		NAME	SANCHEZ, APRIL	
STREET ADDRESS	17692 SUMMERLIN RD		STREET ADDRESS	5313 LEEDS RD.	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONKLIN, LINDA A		NAME		
STREET ADDRESS	5328 GLENLIVET ROAD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEND, JUDITH		NAME		
STREET ADDRESS	1517 SUMMERVILLE RD		STREET ADDRESS		
CITY-ST-ZIP	EMMAUS, PA 18049		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	RICHARDS, RONALD	
STREET ADDRESS			STREET ADDRESS	5320 GLENLIVET RD.	
CITY-ST-ZIP			CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/22/06 239 2785516 <small>Date Daytime Phone #</small>		