

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90053 029 ****61.25

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DOCUMENT # N95000000547 1. Entity Name OAK CREST ASSOCIATION, INC.					
Principal Place of Business HAYDEN & ASSOCIATES 21301 S TAMiami TRAIL, STE 230, PMB 335 ESTERO, FL 33928 US			Mailing Address HAYDEN & ASSOCIATES 21301 S TAMiami TRAIL, STE 230, PMB 335 ESTERO, FL 33928 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0669998	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HAYDEN, KEN HAYDEN & ASSOCIATES 21301 S TAMiami TRAIL, STE 230, PMB 335 ESTERO, FL 33928				7. Name and Address of New Registered Agent 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	1VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WISNER, JONATHAN		NAME		
STREET ADDRESS	5353 LEEDS RD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP		
TITLE	2VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SANCHEZ, APRIL		NAME	P Loehle, Erik	
STREET ADDRESS	5313 LEEDS RD		STREET ADDRESS	5241 Leeds Rd.	
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP	Ft. Myers FL 33907	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CONKLIN, LINDA A		NAME	VP Beaupre, Awanda	
STREET ADDRESS	5328 GLENLIVET ROAD		STREET ADDRESS	5337 Leeds Rd.	
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP	Ft. Myers FL 33907	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input 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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDS, RONALD		NAME		
STREET ADDRESS	5320 GLENLIVET RD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP		
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: <div style="float: right; text-align: right;"> 3-20-07 <small>Date Daytime Phone #</small> </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					