


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

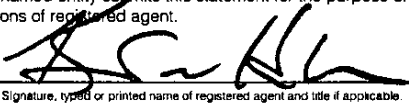
04-29-2008 90094 032 ****61.25

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
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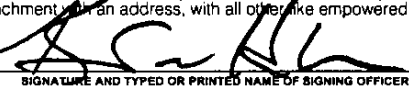
2. Principal Place of Business - No P.O. Box # Hayden & Assoc 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907 Country	3. Mailing Address Hayden & Assoc 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907
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6. Name and Address of Current Registered Agent HAYDEN, KEN HAYDEN & ASSOCIATES 21301 S TAMiami TRAIL, STE 230, PMB 335 ESTERO, FL 33928	
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7. Name and Address of New Registered Agent Name HAYDEN, KEN Street Address (P.O. Box Number is Not Acceptable) 8359 Beacon Blvd. Suite 213 City Ft. Myers, FL 33907 p Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this state or moving from another state with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4-11-08
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP WISNER, JONATHAN 5353 LEEDS RD FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOEHLE, ERIK 5241 LEEDS RD FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BEAUPRE, AWANDA 5328 GLENLIVET ROAD FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FRIEND, JUDITH 1517 SUMMERVILLE RD EMMAUS, PA 18049 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1517 SUMMERVILLE ROAD EMMAUS, PA 18049
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RICHARDS, RONALD 5320 GLENLIVET RD FORT MYERS, FL 33907 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ken Hayden 8359 Beacon Blvd, Suite 213 Ft Myers, FL 33907

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: 	DATE 4-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	