2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000000547

Entity Name: OAK CREST ASSOCIATION, INC.

Apr 30, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6240 TOPAZ COURT %PROFESSIONALLY YOURS INC FORT MYERS, FL 33912 US

1342 SE 46TH LANE

CAPE CORAL, FL 33904 US

Current Mailing Address: New Mailing Address:

6240 TOPAZ COURT %PROFESSIONALLY YOURS INC FORT MYERS, FL 33912 US

PO BOX 100831

CAPE CORAL, FL 33910

FEI Number: 65-0669998 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARPASI, RUSS CAMPBELL, PHILIP

6240 TOPAZ COURT PROFESSIÓNALLY YOURS INC

FORT MYERS, FL 33912 US 1342 SE 46TH LANE CAPE CORAL, FL 33904 US

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.

SIGNATURE: PHILIP CAMPBELL 04/30/2003

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

ARPASI, RUSS ARPASI, GEORGE R Name: Name: 6240 TOPAZ COURT Address: 6240 TOPAZ COURT Address:

City-St-Zip: FORT MYERS, FL 33912 US City-St-Zip: FORT MYERS, FL 33912 US

Title: TD Title: VD (X) Change () Addition () Delete ARPASI, RUSS Name: BECK, ROBERT Name:

Address: 6240 TOPAZ COURT Address: 5337 LEEDS ROAD City-St-Zip: FORT MYERS, FL 33912 US City-St-Zip: FORT MYERS, FL 33907 US

Title: () Delete Title: STD (X) Change () Addition

BECK, ROBERT CONKLIN, LINDA A Name: Name: 5337 LEEDS RD 5328 GLENLIVET ROAD Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907 US

Title: () Delete Title: (X) Change () Addition

Name: LEES, YVONNE Name: HANKINS, MICKAEL Address: 5303 GLENLIVET RD Address: 5344 GLENLIVET ROAD City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE R ARPASI PD 04/30/2003