

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 753562

1. Entity Name
**OAK CREEK AT COUNTRYSIDE PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**3024 TANGLEWOOD DR
CLEARWATER, FL 33761-1427 US**

Mailing Address
**3024 TANGLEWOOD DR
CLEARWATER, FL 33761-1427 US**



01162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2019094

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARPER, REX E
3024 TANGLE WOOD DR
CLEARWATER, FL 33761-1427**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HULSTEIN, KEES
STREET ADDRESS 3070 OAK CREEK DR N
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE TD
NAME HARPER, REX E
STREET ADDRESS 3024 TANGLEWOOD DR
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE SD
NAME MICHAELS, MARGARET
STREET ADDRESS 3056 OAK CREEK DR N]
CITY-ST-ZIP CLEARWATER, FL 33761

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000000798301
01/30/08-80022-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rex E. Harper **REX E. HARPER, TRUST** 1/22/08