

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

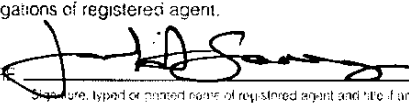
FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90028 041 ****61.25

DOCUMENT # N00000005478			
1. Entity Name OAK CREST ESTATES, PHASE II, HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 1065 GEORGE JENKINS BLVD. LAKELAND FL 33815		Mailing Address 1065 GEORGE JENKINS BLVD. LAKELAND FL 33815	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



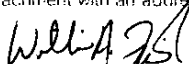
1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent GEARY, JOSEPH A ESQ. 225 EAST LEMON STREET LAKELAND FL 33801		7. Name and Address of New Registered Agent Name Joseph A. Geary, Esq. Street Address (P.O. Box Number is Not Acceptable) 3308 Cleveland Heights Blvd. City Lakeland Zip Code FL 33803	
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  DATE 4/28/08 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, WILLIAM A 1065 GEORGE JENKINS BLVD. LAKELAND FL 33801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLMAN, WAYNE V 4963 DIXIE HWY. SAGINAW MI 44806 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZIER, SHERRY 1065 GEORGE JENKINS BLVD. LAKELAND FL 33801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:



4-28-08

863-646-2263