

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001576

**FILED**  
**Apr 28, 2004**  
**Secretary of State****Entity Name:** THE VILLAGES OF OAK CREEK MASTER ASSOCIATION, INC.**Current Principal Place of Business:**10732 MOSS ISLAND DR  
RIVERVIEW, FL 33569**New Principal Place of Business:**3434 COLWELL AVE  
SUITE 200  
TAMPA, FL 33614**Current Mailing Address:**PO BOX 2159  
RIVERVIEW, FL 335682159**New Mailing Address:**3434 COLWELL AVE  
SUITE 200  
TAMPA, FL 33614**FEI Number:** 59-3734463**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:**WILLIAMS, PETE  
3434 COLWELL AVE  
SUITE 200  
TAMPA, FL 33614

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: PETE WILLIAMS

04/28/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** GRASSER, PAUL R  
**Address:** 14104 BLACKJACK RD  
**City-St-Zip:** DOVER, FL 33527**Title:** VD ( ) Delete  
**Name:** GREENWALD, MICHAEL  
**Address:** 3638 E REDFIELD CT  
**City-St-Zip:** GILBERT, AZ 85234**Title:** SD ( ) Delete  
**Name:** COOK, DANA R  
**Address:** 10732 MOSS ISLAND DR  
**City-St-Zip:** RIVERVIEW, FL 33569**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** REYNOLDS, NANCY  
**Address:** 100 TAMPA OAKS BLVD. #100  
**City-St-Zip:** TEMPLE TERRACE, FL 33637**Title:** VD (X) Change ( ) Addition  
**Name:** STOREY, MICHAEL  
**Address:** 100 TAMPA OAKS BLVD. #100  
**City-St-Zip:** TEMPLE TERRACE, FL 33637**Title:** STD (X) Change ( ) Addition  
**Name:** TURKOVICS, RANDY  
**Address:** 100 TAMPA OAKS BLVD. #100  
**City-St-Zip:** TEMPLE TERRACE, FL 33637

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: NANCY REYNOLDS

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date