## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000001576

FILED Apr 17, 2007 Secretary of State

Entity Name: THE VILLAGES OF OAK CREEK MASTER ASSOCIATION, INC.

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

3527 PALM HARBOR BLVD PALM HARBOR, FL 34683

Current Mailing Address: New Mailing Address:

P.O. BOX 1418 PALM HARBOR, FL 34682

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:

HANSON, JACK B MELROSE MANAGEMENT GROUP 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683 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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 REYNOLDS, NANCY
 Name:
 WERNER, SUZANNE

 Address:
 100 TAMPA OAKS BLVD. #100
 Address:
 8901 SANDY PLAINS DRIVE

 City-St-Zip:
 TEMPLE TERRACE, FL 33637
 City-St-Zip:
 RIVERVIEW, FL 33569

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: STOREY, MICHAEL Name: CHAVEZ, EDWARD

Address: 100 TAMPA OAKS BLVD. #100 Address: 7923 MOCCASIN TRAIL
City-St-Zip: TEMPLE TERRACE, FL 33637 City-St-Zip: RIVERVIEW, FL 33569

Title: STD () Delete Title: TD (X) Change () Addition Name: FOSTER, BRAD Name: FLOREZ, BECKY

Address: 100 TAMPA OAKS BLVD. #100 Address: 8401 QUARTER HORSE DR
City-St-Zip: TEMPLE TERRACE, FL 33637 City-St-Zip: RIVERVIEW, FL 33569

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

 Name:
 Name:
 SARACENO, SUSAN

 Address:
 Address:
 9070 PINEBREEZE DRIVE

 City-St-Zip:
 RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JACK B HANSON RA 04/17/2007