

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001576

FILED
Apr 21, 2009
Secretary of State

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

Current Principal Place of Business:

4902 EISENHOWER BLVD.
216
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

4902 EISENHOWER BLVD.
216
TAMPA, FL 33634

New Mailing Address:

FEI Number: 59-3734463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADE MYERS REAL MANAGE LLC
4902 EISENHOWER BLVD.
216
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

MYERS, WADE
4902 EISENHOWER BLVD.
216
TAMPA, FL 33634 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: WADE MYERS

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WERNER, SUZANNE
Address: 8901 SANDY PLAINS DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: HAMMONDS, NIMROD
Address: 8622 SANDY PLAINS DR
City-St-Zip: RIVERVIEW, FL 33569

Title: STD () Delete
Name: SARACENO, SUSAN
Address: 9070 PINEBREEZE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: ELLIOTT, SAM
Address: 7913 MOCCASIN TRAIL DR
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: FEHRENBACH, RAYMOND
Address: 8010 MOCCASIN TRAIL DR
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: CHAVEZ, EDWARD
Address: 7923 MOCCASIN TRAIL DR
City-St-Zip: RIVERVIEW, FL 33569

Title: STD (X) Change () Addition
Name: JOLLY, CHARLES
Address: 7915 MOCCASIN TRAIL DR
City-St-Zip: RIVERVIEW, FL 33569

Title: D (X) Change () Addition
Name: PERALTA, JOHNNY
Address: 8116 MOCCASIN TRAIL DR
City-St-Zip: RIVERVIEW, FL 33569

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SUZANNE WERNER

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date