

**2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 11, 2005  
Secretary of State**

DOCUMENT# N04000010533

Entity Name: OAK CREEK OF PASCO COUNTY HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5850 TG LEE BLVD SUITE 200  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

5850 TG LEE BLVD SUITE 200  
ORLANDO, FL 32822

**New Mailing Address:**

FEI Number: 56-2519195      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BLAKE, R MASON  
8240 DEVEREUX DR SUITE 100  
VIERA, FL 32940 US

**Name and Address of New Registered Agent:**

BLAKE, R MASON  
8240 DEVEREUX DR  
SUITE 100  
VIERA, FL 32940 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: R. MASON BLAKE      10/11/2005  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: READOR, PERRY J  
Address: 5850 TG LEE BLVD SUITE 200  
City-St-Zip: ORLANDO, FL 32822

Title: DV ( ) Delete  
Name: LEATHAM, RICK  
Address: 5850 TG LEE BLVD SUITE 200  
City-St-Zip: ORLANDO, FL 32822

Title: DST ( ) Delete  
Name: LOCHER, KIMBERLY  
Address: 5850 TG LEE BLVD SUITE 200  
City-St-Zip: ORLANDO, FL 32822

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: READER, PERRY J  
Address: 5850 TG LEE BLVD SUITE 200  
City-St-Zip: ORLANDO, FL 32822

Title: DV (X) Change ( ) Addition  
Name: LAY, SCOTT  
Address: 5850 TG LEE BLVD SUITE 200  
City-St-Zip: ORLANDO, FL 32822

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

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: KIMBERLY LOCHER      DST      10/11/2005  
Electronic Signature of Signing Officer or Director      Date