FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:47

DOCUMENT # N36278 (2)

1. Corporation Name
OAK CREEK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
309 CELTIC CT OVIEDO FL 32765 US	309 CELTIC CT OVIEDO FL 32765 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1990
3a. Date of Last Report: 06/21/1994
4. FEI Number: 59-3042561 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1932 AYRSHIER PL	26 1932 AYRSHIER PL.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 OVIEDO, FL.	City & State 28 OVIEDO, FL
Zip 24 32765 Country 25 USA	Zip 29 32765 Country 30 USA

9. Name and Address of Current Registered Agent

BAILEY, CHARLES D
309 CELTIC CT
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name: MICHAEL BOUGOULIAS
82 Street Address (P.O. Box Number Is Not Acceptable): 1932 AYRSHIER PL.
83 —
84 City: OVIEDO FL 85 Zip Code: 32765

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: MBougoulias MICHAEL BOUGOULIAS - PRESIDENT 1/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	BAILEY, CHARLES	1.2 NAME	MICHAEL BOUGOULIAS	
STREET ADDRESS	309 CELTIC CT	1.3 STREET ADDRESS	1932 AYRSHIER PL.	
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	OVIEDO, FL. 32765	
TITLE	D	2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	GOODENBURY, MAGGIE	2.2 NAME	DAN BARON	
STREET ADDRESS	1908 AYRSHIER PLACE	2.3 STREET ADDRESS	1912 AYRSHIER PL.	
CITY-ST-ZIP	OVIEDO FL	2.4 CITY-ST-ZIP	OVIEDO, FL. 32765	
TITLE	VPD	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	GOODENBURY, MAGGIE	3.2 NAME	LYM Williams	
STREET ADDRESS	1908 AYRSHIER PLACE	3.3 STREET ADDRESS	1925 AYRSHIER PL.	
CITY-ST-ZIP	OVIEDO FL	3.4 CITY-ST-ZIP	OVIEDO, FL.	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	SORRENTINO, LAURIE	4.2 NAME		
STREET ADDRESS	1929 AYRSHIER PL	4.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME		5.2 NAME	KIMBERLY BOUGOULIAS	
STREET ADDRESS		5.3 STREET ADDRESS	1932 AYRSHIER PL	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MBougoulias MICHAEL BOUGOULIAS 1/13/95 407-679-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0032064