SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 30 1998 8:00am
Secretary of State

000215J

DOCUMENT # N36278 (2)

1. Corporation Name

OAK CREEK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1932 AYRSHIER PL OVIEDO FL 32765 US	1932 AYRSHIER PL OVIEDO FL 32765 US

3. Date Incorporated or Qualified: 01/25/1990

4. FEI Number: 59-3042561 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 309 CELTIC CT.	26 309 CELTIC CT
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: OVIEDO, FL	28 City & State: OVIEDO, FL
24 Zip: 32765 25 Country: USA	29 Zip: 32765 30 Country: USA

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOUGOULIAS, MICHAEL 1932 AYRSHIER PL OVIEDO FL 32765	81 Name: CHARLES D. BAILEY 82 Street Address (P.O. Box Number Is Not Acceptable) 83 309 CELTIC CT 84 City: OVIEDO FL 85 Zip Code: 32765

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Charles D Bailey 7/3/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~BOUGOULIAS, MICHAEL~~ 1932 AYRSHIER PL OVIEDO FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD BAILEY, CHARLES D. 309 CELTIC CT. OVIEDO, FL 32765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BARON, DAN 1912 AYRSHIER PL OVIEDO FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GOMEZ, ROBERT 1909 AYRSHIER PLACE OVIEDO FL 32765	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VPD WILLIAMS, DAVID 1925 AYRSHIER PL OVIEDO, FL 32765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CLIFTON, SANNA 1936 AYRSHIER PL OVIEDO FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	~~T~~ RADWAN, WENDY 1904 AYRSHIER PL. OVIEDO, FL 32765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LACEY, MARY 1900 AYRSHIER PLACE OVIEDO FL 32765	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	S LINDA TACONIS 1929 AYRSHIER PL OVIEDO, FL 32765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: Charles D Bailey CHARLES D. BAILEY 7/3/98 (407)823-0151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #