

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90012 001 ****61.25

DOCUMENT # N36278

1. Entity Name

OAK CREEK HOMEOWNERS' ASSOCIATION, INC.

00035300



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1925 AYRSHER PL OVIEDO FL 32765 US	Mailing Address 309 CELTIC COURT OVIEDO FL 32765-6599 US
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2. Principal Place of Business 1924 AYRSHER PLACE Suite, Apt. #, etc. City & State OVIEDO FL Zip 32765 Country US		3. Mailing Address 1924 AYRSHER PLACE Suite, Apt. #, etc. City & State OVIEDO FL Zip 32765 Country US	
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4. FEI Number 59-3042561	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAMS, DAVID 1925 AYRSHER PL OVIEDO FL 32765
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7. Name and Address of New Registered Agent Name BOHM, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1924 AYRSHER PLACE City OVIEDO FL Zip Code 32765	
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8. 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 ROBERT M. BOHM Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE 2/4/00
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, CHARLES D. 309 CELTIC COURT OVIEDO FL 32765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOHAL, ROBERT 1924 AYRSHER PL OVIEDO FL 32765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAMS, DAVID 1925 AYRSHER PLACE OVIEDO FL 32765 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RADWAN, WENDY 1904 AYRSHER PLACE OVIEDO FL 32765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TACONIS, LINDA 1924 AYRSHER PLACE OVIEDO FL 32765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOHM, ROBERT 1924 AYRSHER PL OVIEDO FL 32765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Fuller, Judy 313 Celtic Ct. OVIEDO, FL 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, CHARLES 309 CELTIC COURT OVIEDO FL 32765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2/4/00 (407)359-8342 Date Daytime Phone #
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CR2E037 (9/99)