2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 24, 2004 8:00 am DOCUMENT # N36278 **Secretary of State** 1. Entity Name 03-24-2004 90015 007 ****70.00 OAK CREEK HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 1900 AYRSHIER PLACE 1900 AYRSHIER PLACE OVIEDO FL 32765 OVIEDO FL 32765 2. Principal Place of Business CR2E037 (11/03) City & State 4. FEI Number Applied For 59-3042561 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LACEY, MARY 1900 AYRSHIER PLACE OVIEDO FL 32765 Zig Code 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. I am familiar with, and accept the obligations of registered agent SIGNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE 19 \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE □ Addition GOMEZ, ROBERT NAME NAME 1909 AYRSHIER PLACE STREET ADDRESS STREET ADDRESS OVIEDO FL 32765 CITY-ST-ZIP CITY-ST-ZIP DE D ☐ Change TITLE ☐ Delete TITLE Addition LACEY, MARY NAME NAME 1900 AYRSHIER PLACE STREET ADDRESS STREET ADDRESS OVIEDO FL 32765 CITY-ST-ZIP CITY-ST-ZIP PD CLIFTON, JACK -☐ Change Addition TITI F ☐ Delete TITLE S NAMÉ NAME 1936 AYRSHIER PLACE STREET ADDRESS STREET ADDRESS OVIEDO FL 32765 CITY-ST-ZIP CITY-ST-ZIP D Addition ☐ Delete TITI F Change CLIFTON, SANNA NAME NAME 1936 AYRSHIER PLACE STREET ADDRESS STREET ADDRESS OVIEDO FL 32765 CITY-ST-7IP CITY-ST-ZIP Delete Addition ☐ Change TITLE TITLE Marie Fess 7 TACONIS, LINDA NAME NAME 1929 AYRSHIER PLACE STREET ADDRESS STREET ADDRESS OVIEDO FL 32765 CITY-ST-ZIP CITY-ST-ZIP TIBE ☐ Delete TITLE Addition DESOUZA, RAY NAME NAME 1940 AYRSHIER PLACE STREET ADDRESS STREET ADDRESS OVIEDO FL 32765 CITY-ST-ZIP CITY-ST-ZIP 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 attachmen vith an address, with all other like empowered. SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OF

FILED

Daytime Phone