

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N36278**

1. Entity Name  
**OAK CREEK HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**1936 AYRSHIER PLACE  
OVIEDO, FL 32765 US**

Mailing Address  
**1936 AYRSHIER PLACE  
OVIEDO, FL 32765 US**



02162006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3042561**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CLIFTON, JACK  
1936 AYRSHIER PLACE  
OVIEDO, FL 32765**

**DO NOT WRITE  
IN THIS SPACE**

7. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

8. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000447921  
03/08/06-80076-021 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	PEARSON, JONAS
STREET ADDRESS	1912 AYRSHIER PLACE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	D
NAME	LACEY, MARY
STREET ADDRESS	1800 AYRSHIER PLACE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	PD
NAME	CLIFTON, JACK
STREET ADDRESS	1936 AYRSHIER PLACE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	T
NAME	FESSLER, MARIE
STREET ADDRESS	1908 AYRSHIER PLACE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	S
NAME	SPINA, CHUCK
STREET ADDRESS	1924 AYRSHIER PLACE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	D
NAME	DESOUZA, RAY
STREET ADDRESS	1940 AYRSHIER PLACE
CITY-ST-ZIP	OVIEDO, FL 32765

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Marie Fessler* **MARIE Fessler**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-23-06 407-366-3611**  
Date Daytime Phone #