


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90017 038 ****61.25

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
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2. Principal Place of Business - No P.O. Box # 1908 AYRSHIER PL Suite, Apt. #, etc. OVIEDO FL City & State 32765	3. Mailing Address 1908 AYRSHIER PL Suite, Apt. #, etc. OVIEDO FL City & State 32765
Zip 32765	Country

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent CIFTON, JACK 1936 AYRSHIER PLACE OVIEDO FL 32765	
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7. Name and Address of New Registered Agent Name MOORE, Pete Street Address (P.O. Box Number is Not Acceptable) 313 Celtic Ct 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Pete Moore</i></u> DATE <u>5/3/07</u> <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when registering)</small>	
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FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP PEARSON, JONAS 1912 AYRSHIER PLACE OVIEDO FL 32765 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LACEY, MARY 1900 AYRSHIER PLACE OVIEDO FL 32765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CLIFTON, JACK 1936 AYRSHIER PLACE OVIEDO FL 32765 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T FESSLER, MARIE 1908 AYRSHIER PLACE OVIEDO FL 32765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S SPINA, CHUCK 1924 AYRSHIER PLACE OVIEDO FL 32765 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DESOUZA, RAY 1940 AYRSHIER PLACE OVIEDO FL 32765 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Steve Quattri, Steve 304 Celtic Ct OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pete Moore, Pete 313 Celtic Ct OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fredrickson, Debra 1916 AYRSHIER PL OVIEDO FL 32765
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 exemptions contained in Section 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.	
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SIGNATURE: <u><i>Marie Fessler</i></u> MARIE FESSLER <u>5-6-07</u> <u>(407) 366-3611</u>
