2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36278

FILED Jan 14, 2009 Secretary of State

Entity Name: OAK CREEK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1908 AYRSHIER PL OVIEDO, FL 32765 US **Current Mailing Address: New Mailing Address:** 1908 AYRSHIER PL OVIEDO, FL 32765 US FEI Number: 59-3042561 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOORE, PETE DE ROSA, ROSE 313 CELTIC CT 1932 AYRSHIER PL OVIEDO, FL 32765 US US OVIEDO, FL 32765 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: ROSE DEROSA 01/14/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition QUATTRY, STEVE GOMEZ, ROBERT Name: Name: 304 CELTIC CT. Address: 19029 AYRSHIER PL Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 Title: () Delete Title: () Change () Addition Name: FESSLER, KEVIN Name: Address: 1908 AYRSHER PL Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: () Change () Addition MOORE, PETE Name: Name: Address: 313 CELTIC CT. Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DEROSA, ROSE Name: 1932 AYRSHER PL Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: Title: () Delete () Change () Addition FREDRICKSON, DEBRA Name: Name: 1916 AYRSHIER PL Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSE DEROSA P 01/14/2009