2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N36278

Entity Name: OAK CREEK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1908 AYRSHIER PL
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

1908 AYRSHIER PL
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-3042561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, PETE
313 CELTIC CT.
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

DE ROSA, ROSE
1932 AYRSHIER PL.
OVIEDO, FL 32765 US

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:

Title: VP ( ) Delete
Name: QUATTRY, STEVE
Address: 304 CELTIC CT.
City-St-Zip: OVIEDO, FL 32765

Title: VP ( ) Delete
Name: FESSLER, KEVIN
Address: 1908 AYRSHER PL
City-St-Zip: OVIEDO, FL 32765

Title: T ( ) Delete
Name: MOORE, PETE
Address: 313 CELTIC CT.
City-St-Zip: OVIEDO, FL 32765

Title: P ( ) Delete
Name: DEROSA, ROSE
Address: 1932 AYRSHER PL
City-St-Zip: OVIEDO, FL 32765

Title: S ( ) Delete
Name: FREDRICKSON, DEBRA
Address: 1916 AYRSHIER PL
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GOMEZ, ROBERT
Address: 19029 AYRSHIER PL
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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
Electronic Signature of Signing Officer or Director Date