

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90065 007 ****61.25

DOCUMENT # N93000001528 1. Entity Name OAK CREEK HOME OWNERS ASSOCIATION OF SARASOTA COUNTY, INC.	
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Principal Place of Business 381 INTERSTATE BLVD SARASOTA, FL 34240 US	Mailing Address SUNVAST MANAGEMENT 381 INTERSTATE BLVD SARASOTA, FL 34240
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DO NOT WRITE IN THIS SPACE



02162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0359355	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent SUNVAST MANAGEMENT 381 INTERSTATE BLVD SARASOTA, FL 34240
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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 _____
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, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCLOUGHLIN, JOHN 20 NORTH CREEK LANE OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VANBECK, MICHAEL 125 NORTH CREEK LANE OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRON, WILLIAM 140 NORTH CREEK LANE OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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.

3-22-07

Daytime Phone #