FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500000188

1. Corporation Name

OAKCREST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

P.O. BOX 520604 LONGWOOD FL 32750

21

Mailing Address

P.O. BOX 520604 LONGWOOD FL 32750

2a. Mailing Address

26

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90081 009 ****61.25

3. Date Incorporated or Qualifed 01/12/1995

City & State City & State 28 Zip Country Co	Suite, Apt.	#, etc.	Suit	te, Apt. #, etc.			4. FEI Number		App	lied For		
City & State State City & State	22		27	27						Applicable	ĺ	
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9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent SIMSER, THOMAS A 390 N. ORANGE AVE., SUITE 1490 ORLANDO FI, 32802-1391 71. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and ecopy the obligations of Sections 617 0502 and 617 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and ecopy the obligations of Sections 617 0502 and 617 1508. Florids Statutes, the above-named corporation is board of directors. I hereby accept the appointment as registered agent. I am familiar with, and ecopy the obligations of Section 617 0503. Florids Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAME ASHTON, JAMES P 13. STREET ADDRESS 14. TIME PD Addition NAME HOWARD, R. STEPHEN JR 13. STREET ADDRESS 14. TIME 15. NAME 14. TIME 15. NAME 15. STREET ADDRESS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. TIME 17. NAME 18. City FL 85. Zip Code 19. DATE 19. DATE 10. DATE 10. DATE 10. DATE 11. TIME 11. TIME 12. NAME 13. STREET ADDRESS 14. TIME 14. TIME 15. DATE 15. DATE 15. DATE 16. TIME 16. DATE 17. Signature agent agent of the appointment as registered agent agent and the registered agent age		Country	Zip	Zip Count			6. Election Campaign Financia	ng 🗂	\$5.00 1	May Be	[
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SMSER, THOMAS A 390 N. ORANGE AVE., SUITE 1490 ORLANDO FI. 32802-1391 42 Street Address (P.O. Box Number is Not Acceptable) 44 City FL BS Zip Code 11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent. Jam familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent. Jam familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. Jam familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. Jam familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, and accept the obligation of the corporation's board of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered agent. Jam familiar with, and accept the proposed of the proposed of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered accepts the proposed of directors. I hereby accept the appointment as registered address and accept the proposed of directors. I hereby accept the appointment as registered accepts and accept the proposed of directors. I hereby accept the appointment as registered accepts and accepts the proposed of directors. I hereby accept the appointment as registered accepts and accepts the proposed of directors. I hereby accept the appointment as registered accepts and accepts a		9. Name and Address of Cu	rent Registere	d Agent		,	10. Name and Address of Ne	w Registered Age	nt		l	
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SIGNATURE Signature, hybrid or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreatables) DATE	office or r	egistered agent, or both, in the St	ate of Florida. S	uch change was auti	norized by	the corpor	ration's board of directors. I hereby ac	cept the appointm	ent as reg	istered	l	
12.	agent. I a	m tamiliar with, and accept the ob	ilgations of, Sec	alon 6 (7,0505, Florid	a Statutes	•					1	
12.	SIGNATURE	Slovature, typed or printed name of registered	agent and title if appli	cable. (NOTE: R	egistered Ager	nt signature rec	quired when reinstating)	DATE			l	
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4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an address, with all other like impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1554205PS

<u>3|26|99</u>

Daytime Phone #