

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

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

DOCUMENT # N95000000188

1. Corporation Name

OAKCREST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
P.O. BOX 520604
LONGWOOD FL 32750

Mailing Address
P.O. BOX 520604
LONGWOOD FL 32750



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

01/12/1995

4. FEI Number
59-3308170

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

9. Name and Address of Current Registered Agent

SIMSER, THOMAS A
390 N. ORANGE AVE., SUITE 1490
ORLANDO FL 32802-1391

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ASHTON, JAMES P
STREET ADDRESS P.O. BOX 520604 N/A
CITY-ST-ZIP LONGWOOD FL 32750

TITLE VPD ☐ DELETE

NAME HOWARD, R. STEPHEN JR
STREET ADDRESS P.O. BOX 520604 N/A
CITY-ST-ZIP LONGWOOD FL 32750

TITLE SD ☐ DELETE

NAME TINDEL, SUSAN D
STREET ADDRESS P.O. BOX 520604 N/A
CITY-ST-ZIP LONGWOOD FL 32750

TITLE TD ☐ DELETE

NAME ASHTON, JAMES P
STREET ADDRESS P.O. BOX 520604 N/A
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME TINDEL, SUSAN D.

1.3 STREET ADDRESS P.O. BOX 520604
1.4 CITY-ST-ZIP LONGWOOD FL 32750

2.1 TITLE VPD ☒ Change ☐ Addition

2.2 NAME MCNIEL, BRIAN
2.3 STREET ADDRESS P.O. BOX 520604
2.4 CITY-ST-ZIP LONGWOOD FL 32750

3.1 TITLE SD ☐ Change ☐ Addition

3.2 NAME RENSCHAW, JOHN F.
3.3 STREET ADDRESS P.O. BOX 520604
3.4 CITY-ST-ZIP LONGWOOD FL 32750

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS NONE
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 information 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

THOMAS A. SIMSER

Date

3/26/99

Daytime Phone #

407 767-6407

CR2E037-(11/98)