2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # N9500000188 01-29-2004 90034 043 ****61.25 OAKCREST HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 520604 P.O. BOX 520604 LONGWOOD, FL 32750 LONGWOOD, FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192004 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 59-3308170 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURGETT, KATHY Street Address (P.O. Box Number is Not Acceptable) C/O OAK CREST HOMEOWNERS ASSO. 1370 SHADY KNOLL CT. LONGWOOD, FL 32750 City Zip Code 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 rathi Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete ☐ Change ☐ Addition BURGETT, KATHY NAME NAME STREET ADDR P.O. BOX 520604 STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32750 CITY-ST-ZIP PD Delete PD Addition TITLE TITLE ☐ Change NAME COHEN, JENNIFER sperrazza, Susan NAME STREET ADDRESS P.O. BOX 520604 STREET ADDRESS P.O. BOX 520 604 CITY-ST-7IP LONGWOOD, FL 32750 CITY-ST-7IP onamood. Fr Addition VPD Delete TILLE TITLE ☐ Change McEwan, May P.O. Box 52000 NAME MUSIC, DEBRA NAME. ==: P.O. BOX 520604 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32750 CITY-ST-ZIP onavood. Fi TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAGE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 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 charged, or on an attachment with an address, with all other like empowered.

FILED

Jan 29, 2004 8:00 am