

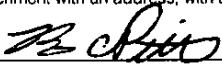


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90150 019 \*\*\*\*61.25

<b>DOCUMENT # N95000000188</b> 1. Entity Name <b>OAKCREST HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 520604 LONGWOOD, FL 32750</b>			Mailing Address <b>P.O. BOX 520604 LONGWOOD, FL 32750</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3308170</b>	
				5. Certificate of Status Desired - <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LAGGNER, HOLLY C/O OAK CREST HOMEOWNERS ASSO. 1367 SHADY KNOLL CT. LONGWOOD, FL 32750</b>				Name <b>Pittelkow, Brian C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O Oak Crest Homeowners Asso.</b> <b>1371 Shady Knoll Ct.</b> City <b>Longwood</b> FL <b>32750</b>	
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.		<b>Brian C Pittelkow, Treasurer</b> (NOTE: Registered Agent signature required when reinstating)		<b>3-30-06</b> DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD LAGGNER, HOLLY 1367 SHADY KNOLL CT LONGWOOD, FL 32750</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Pittelkow, Brian 1371 Shady Knoll Ct. Longwood FL 32750</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SPERRAZZA, SUSAN P.O. BOX 520604 LONGWOOD, FL 32750</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Ashton, James PO Box 520604 Longwood FL 32750</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD MCEWAN, MEG P.O. BOX 520604 LONGWOOD, FL 32750</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD music, Debra PO Box 520604 Longwood FL 32750</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>Brian C Pittelkow</b> Date		<b>3-30-06 407-513-5619</b> Daytime Phone #	

**50008958**



03312006 Chg-NP CR2E037 (11/05)