

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90061 002 ****61.25

DOCUMENT # N95000000188																							
1. Entity 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 - No P.O. Box # 1371 Shady Knoll Ct.		3. Mailing Address P.O. Box 520604																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04162007 Chg-NP CR2E037 (12/06)																			
City & State Longwood FL		City & State Longwood FL		4. FEI Number 59-3308170																			
Zip 32750		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent PITTELKOW, BRIAN C C/O OAK CREST HOMEOWNERS ASSO. 1367 SHADY KNOLL CT. LONGWOOD, FL 32750		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="5">Brian C Pittelkow</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="5">1371 Shady Knoll Ct.</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">Longwood</td> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code</td> <td colspan="2" style="padding: 2px;">32750</td> </tr> </table>				Name	Brian C Pittelkow					Street Address (P.O. Box Number is Not Acceptable)	1371 Shady Knoll Ct.					City	Longwood	FL	Zip Code	32750	
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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.																							
<table style="width:100%;"> <tr> <td style="width:30%;">SIGNATURE </td> <td style="width:40%; text-align: center;"> Brian C Pittelkow, Treasurer </td> <td style="width:30%; text-align: center;"> 4/16/07 </td> </tr> <tr> <td style="font-size: small;">Signature, typed or printed name of registered agent and title if applicable.</td> <td style="font-size: small; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</td> <td style="font-size: small; text-align: center;">DATE</td> </tr> </table>						SIGNATURE	Brian C Pittelkow, Treasurer	4/16/07	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE												
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Filing Fee is: \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State																			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																				
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME	PITTELKOW, BRIAN		NAME																				
STREET ADDRESS	1367 SHADY KNOLL CT		STREET ADDRESS																				
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP																				
TITLE	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																			
NAME	PD		NAME	music, Butch																			
STREET ADDRESS	P.O. BOX 520604		STREET ADDRESS	Po Box 520604																			
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP	Longwood FL 32750																			
TITLE	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																			
NAME	VPD		NAME	McNeil, Brian																			
STREET ADDRESS	P.O. BOX 520604		STREET ADDRESS	Po Box 520604																			
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP	Longwood FL 32750																			
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CITY-ST-ZIP			CITY-ST-ZIP																				
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.																							
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