

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000188

**FILED**  
**Mar 27, 2011**  
**Secretary of State**

**Entity Name:** OAKCREST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1350 SHADY KNOLL CT  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 520604  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 59-3308170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HOWARD, CRYSTAL Y  
1350 SHADY KNOLL CT.  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** T  
**Name:** DUHON, ROB  
**Address:** 1362 SHADY KNOLL CT.  
**City-St-Zip:** LONGWOOD, FL 32750

**Title:** P  
**Name:** HOWARD, CRYSTAL  
**Address:** 1350 SHADY KNOLL CT  
**City-St-Zip:** LONGWOOD, FL 32750

**Title:** VP  
**Name:** COHEN, DAN  
**Address:** 1363 SHADY KNOLL CT  
**City-St-Zip:** LONGWOOD, FL 32750

**Title:** S  
**Name:** MCEWEN, MEG  
**Address:** 1366 SHADY KNOLL CT  
**City-St-Zip:** LONGWOOD, FL 32750

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CRYSTAL HOWARD

P

03/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date