

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90231 017 \*\*\*\*61.25

<b>DOCUMENT # N96000000204</b>					
<b>1. Entity Name</b> OTTER CREEK ESTATES HOMEOWNERS ASSOCIATION INC.					
<b>Principal Place of Business</b> 5436 FRUITVILLE RD #102 SARASOTA, FL 34232 US			<b>Mailing Address</b> 5436 FRUITVILLE RD #102 SARASOTA, FL 34232 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0647064	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>FEHR, PETER</b> 2234 OHER CREEK LANE SARASOTA, FL 34240			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> ECKERT, JOE <b>STREET ADDRESS</b> 2238 OTTER CREEK LANE <b>CITY-ST-ZIP</b> SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P/D <b>NAME</b> SHAPIRO, MATTHEW <b>STREET ADDRESS</b> 6401 KYLIE CREEK WAY <b>CITY-ST-ZIP</b> SARASOTA, FL 34240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DV <b>NAME</b> ROSENTHAL, JANICE <b>STREET ADDRESS</b> 2239 OTTER CREEK LANE <b>CITY-ST-ZIP</b> SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> V/D <b>NAME</b> BEASLEY, KENNETH R. <b>STREET ADDRESS</b> 6406 KYLIE CREEK WAY <b>CITY-ST-ZIP</b> SARASOTA, FL 34240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DT <b>NAME</b> TONSKY, RAINER <b>STREET ADDRESS</b> 2246 OTTER CREEK LANE <b>CITY-ST-ZIP</b> SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> T/D <b>NAME</b> WELLS, DOUGLAS <b>STREET ADDRESS</b> 2247 OTTER CREEK LANE <b>CITY-ST-ZIP</b> SARASOTA, FL 34240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D/S <b>NAME</b> DUBBS, DOLORES <b>STREET ADDRESS</b> 6409 KYLIE CREEK WAY <b>CITY-ST-ZIP</b> SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> S/D <b>NAME</b> O'SULLIVAN, JACQUELINE <b>STREET ADDRESS</b> 6397 KYLIE CREEK WAY <b>CITY-ST-ZIP</b> SARASOTA, FL 34240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HALL, RUBY <b>STREET ADDRESS</b> 6414 KYLIE CREEK WAY <b>CITY-ST-ZIP</b> SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SHAPIRO, MATTHEW <b>STREET ADDRESS</b> 6401 KYLIE CREEK WAY <b>CITY-ST-ZIP</b> SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Douglas Wells</i> <b>DOUGLAS WELLS</b> 5/9/05 941-321-7736 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					