


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000000204</b>		
1. Entity Name OTTER CREEK ESTATES HOMEOWNERS ASSOCIATION INC.		
Principal Place of Business PO BOX 52497 SARASOTA, FL 34232-032 US	Mailing Address PO BOX 52497 SARASOTA, FL 34232-032 US	



04172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0647064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  FEHR, PETER 2234 OHER CREEK LANE SARASOTA, FL 34240	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

000000726115  
05/03/07-80049-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAPIRO, MATTHEW 6401 KYLIE CREEK WAY SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEASLEY, KENNETH C 6406 KYLIE CREEK WAY SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WELLS, DOUGLAS 2247 OTTER CREEK LANE SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'SULLIVAN, JACQUELINE 6397 KYLIE CREEK WAY SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 life empowered.

SIGNATURE: DOUGLAS E WELLS TREASURER 4/17/2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

941-371-7736