2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N96000005445

Entity Name: THE OAK CREEK SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 433
ELLENTON, FL 34222 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 433
ELLENTON, FL 34222 US

New Mailing Address:

FEI Number: 65-0762824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEL LAGO, FREDERICK
3831 59TH AVE CIRCLE EAST
ELLENTON, FL 34222 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: DVS ( ) Delete
Name: STEWART-CASADEVALLS, CYNDI
Address: P. O. BOX 433
City-St-Zip: ELLENTON, FL 34222

Title: DIR ( ) Delete
Name: KADIEN, JIM
Address: P. O. BOX 433
City-St-Zip: ELLENTON, FL 34222

Title: DP ( ) Delete
Name: BARTLETT, MARILYN J
Address: P. O. BOX 433
City-St-Zip: ELLENTON, FL 34222

Title: DVT (X) Delete
Name: JENKINS, STEVEN D
Address: P. O. BOX 433
City-St-Zip: ELLENTON, FL 34222

Title: DIR (X) Delete
Name: HONG, TONY J
Address: P. O. BOX 433
City-St-Zip: ELLENTON, FL 34222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition
Name: HONG, TONY
Address: P. O. BOX 433
City-St-Zip: ELLENTON, FL 34222

Title: DP (X) Change ( ) Addition
Name: KADIEN, JIM
Address: P. O. BOX 433
City-St-Zip: ELLENTON, FL 34222

Title: DT (X) Change ( ) Addition
Name: JENKINS, STEVEN D
Address: P. O. BOX 433
City-St-Zip: ELLENTON, FL 34222

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN JENKINS DT 04/29/2009

Electronic Signature of Signing Officer or Director — Date