

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90047 004 ****61.25

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1. Entity Name

OAK CREEK FOREST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

3633 BRANCH CREEK DR
SARASOTA FL 34235
US

Mailing Address

3633 BRANCH CREEK DR
SARASOTA FL 34235
US



2. Principal Place of Business

3437 BRANCH CREEK DR. 3437 BRANCH CREEK DR

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0767526

Applied For

Not Applicable

Zip

34235

Country

USA

Zip

34235

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOWEN, BRIAN
3298 BRANCH CREEK DRIVE
SARASOTA FL 34235

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BOWEN, BRIAN
STREET ADDRESS 3298 BRANCH CREEK DRIVE
CITY-ST-ZIP SARASOTA FL 34235

TITLE DV ☐ Delete
NAME LEBLANC, THOMAS
STREET ADDRESS 3242 BRANCH CREEK DR
CITY-ST-ZIP SARASOTA FL 34235

TITLE DT ☒ Delete
NAME PLUNKETT, JUNE
STREET ADDRESS 3633 BRANCH CREEK DR
CITY-ST-ZIP SARASOTA FL 34235

TITLE DT ☐ Delete
NAME GOLDSMITH JOAN
STREET ADDRESS 3437 BRANCH CREEK DR
CITY-ST-ZIP SARASOTA FL 34235

TITLE DS ☐ Delete
NAME THERESA KRISTOFFY
STREET ADDRESS 3606 BRANCH CREEK DR.
CITY-ST-ZIP SARASOTA FL 34235

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Joan Goldsmith

JOAN GOLDSMITH

1/25/06

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