## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

**DOCUMENT # N97000000989** 

## **FILED** May 21, 2007 8:00 am Secretary of State 05-21-2007 90055 014 \*\*\*\*61.25

NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235  TITLE DV LEBLANC, THOMAS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE DT GOLDSMITH, JOAN STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235  TITLE NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235  TITLE NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235  CITY-ST-ZIP SARASOTA, FL 34235  CITY-ST-ZIP SARASOTA, FL 34235	1. Entity Nam OAK CRE INC.		EST HOMEOWNE	ERS ASSOCIATION,		05-21	-2007 90055 014 ***	***61.25	
SURE ADD # clic.  Suite ADI # clic.  Suite Address of New Registered Agent  T. Name and Address of New Registered Agent  Suite Address (P.O. Box Number is Not Acceptable)  Suite Ad	3637 BRANCH-CREEK DR 3637 BI			3637 BRANCH CREEK	BRANCH-CREEK DR		(10)		
Street Address (P.O. Box Number is Not Acceptable)  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 acceptable of the obligations of registered agent.  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 acceptable of the obligations of registered agent.  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 acceptable of the obligations of registered agent.  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 acceptable to the obligations of registered agent.  8. Election Campaign Financing Address (P.O. Box Number is Not Acceptable)  8. Election Campaign Financing Address (P.O. Box Number is Not Acceptable)  8. Election Campaign Financing Address (P.O. Box Number is Not Acceptable)  8. Election Campaign Financing Address (P.O. Box Number is Not Acceptable)  8. Election Campaign Financing Address (P.O. Box Number is Not Acceptable)  8. Election Campaign Financing Address (P.O. Box Number is Not Acceptable)  8. Election Campaign Financing Address (P.O. Box Number is Not Acceptable)  8. Election Campaign Financing Address (P.O. Box Number is Not Acceptable)  8. Election Campaign Financing Address (P.O. Box Number is Not Acceptable)  8. Election Campaign Financing Address (P.O. Box Number is Not Acceptable)  8. Election Campaign Financing Address (P.O. Box Number is Not Acceptable)  8. Election Campaign Financing Address (P.O. Box Number is Not Acceptable)  8. Election Campaign Financing Address (P.O. Box Number is Not Acceptable)  8. Election Campaign Financing Address (P.O. Box Number is Not Acceptable)  8. Electio	3601	6 BRA		3606 BRA	NCH CREEK				
20 Country  8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  8. Street Address (P.O. Box Number is Not Acceptable)  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 Forda. I am familiar with, and acceptable to obligations of registered agent.  8. SIGNATURE  8. SIGNATURE  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Address (P.O. Box Number is Not Acceptable)  9. Election Campaign Financing Agent Ag			<i>&gt;</i> ∡	City & State	a DE CI			<del></del>	
Simple   S	Zio			3P. 3-			•		<del></del>
ROWEN, BRIAN 3298 BRANCH CREEK DRIVE SARASOTA, FL 34235  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 femilier with, and accident the obligations of registered agent.  Filling Foe is \$61.25  Due by May 1, 2007  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME BOWEN, BRIAN SIRRET ADDRESS CITY-ST-2P SARASOTA, FL 34235  TITLE DV LEBIANC, THOMAS SIRRET ADDRESS CITY-ST-2P SARASOTA, FL 34235  TITLE DV LEBIANC, THOMAS SIRRET ADDRESS CITY-ST-2P SARASOTA, FL 34235  TITLE NAME GOLDSMITH, JOAN SIRRET ADDRESS CITY-ST-2P SARASOTA, FL 34235  TITLE NAME SIRRET ADDRESS CITY-ST-2P SARAS	342	35	USA-	Segistered Agent	<u> 454</u>		Figure Desireu Fr	ee Required	
Street Address (P.O. 8 ox Number is Not Acceptable)  Street Address (P.O. 8 ox Number is Not Acceptable)  City  FL  Zip Code  The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familier with, and acceptable to the obligations of registered agent.  SIGNATURE  SIGNATURE  Filling Fee is \$61.25  Due by May 1, 2007  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  Added to Fees  Florida Department of State  TILE  BOWEN, BRIAN  STREET ADDRESS CITY-ST-2P  SARASOTA, FL 34235  TILE  DT  GOLDSMITH, JOAN  SIREET ADDRESS CITY-ST-2P  SARASOTA, FL 34235  TILE  DT  GOLDSMITH, JOAN  SIREET ADDRESS CITY-ST-2P  SARASOTA, FL 34235  TILE  DT  GOLDSMITH, JOAN  SIREET ADDRESS CITY-ST-2P  SARASOTA, FL 34235  TILE  MAKE SIRET ADDRESS CITY-ST-2P  SARASOTA, FL 34235  TILE  MAKE SIRET ADDRESS CITY-ST-2P  SARASOTA, FL 34235  TILE  Change Add		o. Manie	and Address of Correct	Walliates and Williams	Name	7. Name and Addi	ARE OF HEM KARISTELED VE	Junt_	
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 Forida. I am familiar with, and accident the obligations of registered agent.  SIGNATURE  Signature. Printing Foe is \$61.25  Due by May 1, 2007  PILING Foe is \$61.25  Due by May 1, 2007  PILING Foe is \$61.25  Due by May 1, 2007  PILING POPERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE  NAME  BOWEN, BRIAN  3298 BRANCH CREEK DRIVE  STREET MORESS  CITY-ST-2P  TITLE  DV  LEBLANC, THOMAS  STREET MORESS  CITY-ST-2P  SARASOTA, FL 34235  CITY-ST-2P  TITLE  DT  MAKE  GOLDSMITH, JOAN  STREET ADDRESS  CITY-ST-2P  SARASOTA, FL 34235  CITY-ST-2P  TITLE  DS OT OS  SARASOTA, FL 34235  CITY-ST-2P  TITLE  DS OT OS  SARASOTA, FL 34235  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  SARASOTA, FL 34235  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  SARASOTA, FL 34235  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  SARASOTA, FL 34235  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  ST	3298 BRANCH CREEK DRIVE				Street Addres	ss (P.O. Box Number is N	Not Acceptable)		
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TILE DV CRANGE SIRET ADDRESS CITY-ST-2P SARASOTA, FL 34235 CITY-ST	9. The shows	named antib	submits this statement to	w the number of changing its	L	stored agent as both in	<u>-</u>	<u> </u>	
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Filing Fee is \$81.25 Due by May 1, 2007  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE BOWEN, BRIAN SIREET ADDRESS CITY-ST-2P SARASOTA, FL 34235  TITLE MAME STREET ADDRESS CITY-ST-2P SARASOTA, FL 34235 STREET ADDRESS CITY-ST-2P TITLE MAME STREET ADDRESS CITY-ST-2P SARASOTA, FL 34235 STREET ADDRESS CITY-ST-2P STREET ADDRESS CIT		್ತಿ ಕ್ರ							
Trust Fund Contribution.	SIGNATURE								
TITLE	SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registerad Agent signature requ	uired when reinstating)	DATE		
NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235  TITLE DV NAME LEBLANC, THOMAS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235  TITLE DT SARASOTA, FL 34235  TITLE NAME GOLDSMITH, JOAN STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS SARASOTA, FL 34235  TITLE NAME GOLDSMITH, JOAN STREET ADDRESS SARASOTA, FL 34235  TITLE NAME STREET ADDRESS SARASOTA, FL 34235  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SARASOTA, FL 34235  TITLE SARASOTA, FL	SIGNATURE	Filing Fed	e (s \$61.25	9. Election Car	mpaign Financing	\$5.00 May Be	Make check (		
NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235  TITLE NAME GOLDSMITH, JOAN STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP ADDRESS	10.	Filing Fed	e (s \$61.25 ay 1, 2007	9. Election Car Trust Fund C	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check Florida Departn S TO OFFICERS AND DIRE	CTORS IN	10
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NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           NTILE         Delete         TITLE         Change         Add.	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee Due by M BOWEN, E 3298 BRA SARASOT DV LEBLANC 3242 BRAI SARASOT DT GOLDSMI 3437 BRA	OFFICERS AND DIF	9. Election Car Trust Fund C	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make check   Florida Departm S TO OFFICERS AND DIRE	nent of St CTORS IN Change	10Addition
	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P BOWEN, E 3298 BRA SARASOT DV LEBLANC 3242 BRAI SARASOT DT GOLDSMI 3437 BRA SARASOT DS 07 KRISTOFF 3606 BRAI	BRIAN NCH CREEK DRIVE A, FL 34235 TH, JOAN NCH CREEK DR A, FL 34235 TH, JOAN NCH CREEK RD	9. Election Car Trust Fund C	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Make check provided the provide	CTORS IN Change	10 Addition
STREET ADDRESS CITY-ST-ZIP  12. Thereby 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	TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P BOWEN, E 3298 BRA SARASOT DV LEBLANC 3242 BRAI SARASOT DT GOLDSMI 3437 BRA SARASOT DS 07 KRISTOFF 3606 BRAI	BRIAN NCH CREEK DRIVE A, FL 34235 TH, JOAN NCH CREEK DR A, FL 34235 TH, JOAN NCH CREEK RD	9. Election Car Trust Fund ()  RECTORS  Delete  Delete	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make check priorities for the check priorities and direct priorities for the check priorities fo	CTORS IN Change	10 Addition Addition

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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, Forida 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.