

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000000989

FILED
Oct 17, 2009
Secretary of State

Entity Name: OAK CREEK FOREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3606 BRANCH CREEK
SARASOTA, FL 34235 US

New Principal Place of Business:

3298 BRANCH CREEK
SARASOTA, FL 34235 US

Current Mailing Address:

3606 BRANCH CREEK
SARASOTA, FL 34235 US

New Mailing Address:

3298 BRANCH CREEK
SARASOTA, FL 34235 US

FEI Number: 65-0767526 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOWEN, BRIAN
3298 BRANCH CREEK DRIVE
SARASOTA, FL 34235 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: BRIAN BOWEN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOWEN, BRIAN
Address: 3298 BRANCH CREEK DRIVE
City-St-Zip: SARASOTA, FL 34235

Title: DV () Delete
Name: LEBLANC, THOMAS
Address: 3242 BRANCH CREEK DR
City-St-Zip: SARASOTA, FL 34235

Title: DS () Delete
Name: KRISTOFFY, THERESA
Address: 3606 BRANCH CREEK RD
City-St-Zip: SARASOTA, FL 34235

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BRUBACK, RUDY
Address: 3270 BRANCH CREEK DR
City-St-Zip: SARASOTA, FL 34235

Title: TR (X) Change () Addition
Name: LEBLANC, PAMELA
Address: 3242 BRANCH CREEK DR
City-St-Zip: SARASOTA, FL 34235

Title: SEC () Change (X) Addition
Name: WOZNIAK, CYNTHIA
Address: 3494 BRANCH CREEK DR
City-St-Zip: SARASOTA, FL 34235

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: PAMELA LEBLANC

TR

10/17/2009

Electronic Signature of Signing Officer or Director

Date