

FILE NOW: FILING FEE IS \$61.25

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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004657 (9)
1. Corporation Name
OAK CREEK NORTH COMMUNITY ASSOCIATION, INC.



Principal Place of Business: 760 N.W. 107 AVE., SUITE 201 MIAMI FL 33172
Mailing Address: 760 N.W. 107 AVE., SUITE 201 MIAMI FL 33172

3. Date Incorporated or Qualified: 08/14/1997
4. FEI Number: 65 0829836
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

21. Principal Place of Business: 14275 SW 142 Ave
22. Suite, Apt. #, etc.
23. City & State: MIAMI, FL
24. Zip: 33186
25. Country
26. Mailing Address: 14275 SW 142 Ave
27. Suite, Apt. #, etc.
28. City & State: MIAMI, FL
29. Zip: 33186
30. Country

9. Name and Address of Current Registered Agent
SOUTH FLORIDA RESIDENT AGENTS, INC.
200 SOUTH BISCAYNE BLVD., SUITE 4750
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: Carlos A. Triguera
82 Street Address (P.O. Box Number is Not Acceptable): 999 Ponce De Leon Blvd. Suite 1110
83
84 City: Coral Gables FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.
SIGNATURE: [Signature] DATE: 4/3/93

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EISENMAN, TOREY	
STREET ADDRESS	760 N.W. 107 AVE., SUITE 201	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GEARY, DENISE	
STREET ADDRESS	760 N.W. 107 AVE., SUITE 201	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUTSON, ROBERT	
STREET ADDRESS	760 N.W. 107 AVE., SUITE 201	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Torey Eisenman	
1.3 STREET ADDRESS	760 N.W. 107 Ave., Ste #201	
1.4 CITY-ST-ZIP	MIAMI, FL 33172	
2.1 TITLE	D/Treasurer/Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lawrelis Lyew Sang	
2.3 STREET ADDRESS	760 N.W. 107th Ave., Ste #201	
2.4 CITY-ST-ZIP	MIAMI, FL 33172	
3.1 TITLE	D/V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Alex Rodriguez	
3.3 STREET ADDRESS	760 N.W. 107th Ave., Ste #201	
3.4 CITY-ST-ZIP	MIAMI, FL 33172	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: [Signature] DATE: 4/1/98 (305) 559-1851

CR2E037 (10/97)