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Mar 02, 1999 8:00 am
Secretary of State

0028538

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004657

1. Corporation Name
OAK CREEK NORTH COMMUNITY ASSOCIATION, INC.

Principal Place of Business 14275 SW 142ND AVE MIAMI FL 33186 US	Mailing Address 14275 SW 142ND AVE MIAMI FL 33186 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 08/14/1997	4. FEI Number 65-0829836	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

TRIAI, CARLOS A.
999 PONCE DE LEON BLVD
STE 1110
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	EISENMAN, TOREY	
STREET ADDRESS	760 N.W. 107 AVE., SUITE 201	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	SANG, LAUREL J. LYEW	
STREET ADDRESS	760 N.W. 107 AVE., SUITE 201	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ALEX	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Patricia Sloan	
1.3 STREET ADDRESS	760 NW 107 Av. # 201	
1.4 CITY-ST-ZIP	Miami, FL 33172	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Deanna Cruz	
2.3 STREET ADDRESS	760 NW 107th Av. #201	
2.4 CITY-ST-ZIP	Miami, FL 33172	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Alex Rodriguez	
3.3 STREET ADDRESS	760 NW 107th Av. #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)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 1/29/99 (305) 559-1951
DATE DAYTIME PHONE #

CR2E037 (11/98)