
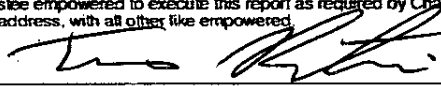


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90039 027 \*\*\*\*61.25

DOCUMENT # <u>N97000004657</u>			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number <u>65-0829836</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TRIAY, CARLOS A. 999 PONCE DE LEON BLVD STE 1110 CORAL GABLES, FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
Approved by G/L Code <u>5041</u> Ck # <u>850</u> / Amount <u>01.25</u> Ck Date: <u>1/15/04</u>		Mailed on: <u>1/15/04</u>	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TVP <input checked="" type="checkbox"/> Delete	TITLE	FVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'CONNOR, DUANE	NAME	FELIX MONTERO
STREET ADDRESS	15459 SW 143 PE	STREET ADDRESS	15440 SW 141 ST
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP	MIAMI FL 33196
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILAN, MARY A	NAME	
STREET ADDRESS	14134 SW 154 PL	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMENTERIA, THOMAS	NAME	TOMAS REMENTERIA
STREET ADDRESS	14132 SW 154 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, GREG	NAME	
STREET ADDRESS	14137 SW 155 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLAN, MELISSA	NAME	CARLOS SOLIS
STREET ADDRESS	15424 SW 143 TE	STREET ADDRESS	14275 SW 142 AVE
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP	MIAMI FL 33186
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 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: 		Date: <u>1/12/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>305-761-6651</u>	