

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90067 026 \*\*\*\*61.25

<b>DOCUMENT # N98000004527</b> 1. Entity Name <b>OAK CREEK OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1408 S DE SOTO AVE C/O DEAKIN PROPERTY SERVICES, LLC TAMPA, FL 33606</b>			Mailing Address <b>1408 S DE SOTO AVE C/O DEAKIN PROPERTY SERVICES, LLC TAMPA, FL 33606</b>		
2. Principal Place of Business, No P.O. Box # <b>46 DEAKIN PROPERTY SERVICES LLC</b> Suite, Apt. #, etc. <b>2909 W Bay To Bay Blvd #108</b> City & State <b>TAMPA FL</b> Zip <b>33629</b> Country <b>US</b>		3. Mailing Address <b>46 DEAKIN PROPERTY SERVICES</b> <b>P.O. Box 433</b> Suite, Apt. #, etc. City & State <b>TAMPA FL</b> Zip <b>33601</b> Country <b>US</b>			
4. FEI Number <b>59-3630457</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MECHANIK NUCCIO BENTLEY WILLIAMS &amp; HEARNE 101 E KENNEDY BLVD SUITE 3140 TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>305 SOUTH BLVD</b> City <b>TAMPA FL</b> Zip Code <b>33606</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<input type="checkbox"/> Election Campaign Financing Trust Fund Contribution.		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLEMAN, JOHN 7003 PRESIDENTS DR. #800 ORLANDO, FL 32809 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SABLER, LES 6015 BENJAMIN RD #314 TAMPA, FL 33634 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEAKIN, BARBARA 1408 S. DESOTO AVE TAMPA, FL 33606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEAKIN, BARBARA 1408 S DESOTO AVE TAMPA, FL 33606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby 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 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.					
<b>SIGNATURE:</b> <u>Barbara Deakin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/6/08</u> <small>Date</small>		<u>813-839-2811</u> <small>Daytime Phone #</small>