## **2008 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # N98000004527 1. Entity Name



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

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

OAK CREEK OWNERS ASSOCIATION, INC.			No.									
1408 S DE S C/O DEAKIN _TAMPA, FL :	Principal Place of Business 1408 S DE SOTO AVE 1408 S DE SOTO AVE C/O DEAKIN PROPERTY SERVICES, LLC TAMPA, FL 33606  Mailing Address 1408 S DE SO C/O DEAKIN PR TAMPA, FL 33606		SOTO AVE N PROPERTY SERVICES, LLC 33606		#3 <b>         </b>							
2. Principal P	Blace of Business No P.O. Box #	3. Nejlog MOTANCINI P.O. BOX	PRWERT 433	<del>y sukm</del>								
Suite, Apt. 2909	W BAY TO BAY BWD	Suite, Apt. #, etc.			03062008 Ch	ng-NP	CR2E037	(12/06)				
	*#108 NPA FL	City & State TAMPA	FL		4. FEI Number 59-363045	7			plied For t Applicable			
Zip 334	29 Country US	Zip 3 3601	Country US		5. Certificate of Sta	atus Desired		8.75 Add se Required				
	6. Name and Address of Current	Registered Agent			7. Name and Adda	ress of New R	egistered Ag	jent				
	KANDAALA BENETLEWARI LAA	40.0.1.5.01.5	Nar	ne								
MECHANIK NUCCIO BENTLEY WILLIAMS & HEARNE 101 E KENNEDY BLVD				eet Address (	P.O. Box Number is N	vot Acceptable	Z V ()					
SUITE 314 TAMPA, F				<u> </u>	<u> </u>	7	1.5					
			City	TAM	PA		FL	Zip Code	000			
	named entity submits this statement for	r the purpose of changing its r	egistered offi			the State of Flo	rida. I am fa	miliar with,	and accept			
and danigot												
SIGNATURE												
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE:	Registered Agent	signature requirer	n when reinstating)		DATE		[			
SIGNATURE	Signature, typed or printed name of registered agent s	<del>-  </del>					DATE					
SIGNATURE	Signature, typed or printed name of registered agent to Filling Fee is \$61.25  Due by May 1, 2008	and title if applicable. (NOTE:	paign Financi		\$5.00 May Be Added to Fees		DATE ake check i					
SIGNATURE	Filing Fee is \$61.25	<b>3.</b> Election Cam Trust Fund Co	paign Financi	ng	\$5.00 May Be	Flor	ake check i ida Departn	nent of St	ate			
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10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF	<b>→9</b> . Election Cam Trust Fund Co	paign Financi entribution.	ng	\$5.00 May Be — Added to Fees	Flor	ake check i da Departn	CTORS IN	10			
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10. IITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIF  DP  COLEMAN, JOHN 7003 PRESIDENTS DR. #800	<b>→9</b> . Election Cam Trust Fund Co	paign Financi ontribution.  11.  IIILE  NAME  STREET ADDR	ng 🗍	\$5.00 May Be — Added to Fees	Flor	ake check   Ida Departn RS AND DIRE	CTORS IN	10			
10.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIF  DP  COLEMAN, JOHN 7003 PRESIDENTS DR. #800 ORLANDO, FL 32809	<b>3.</b> Election Cam Trust Fund Co RECTORS ☐ Defete	paign Financi ontribution.  11.  IITLE  NAME  STREET ADDR  CITY-ST-ZIP	ng 🗍	\$5.00 May Be — Added to Fees	Flor	ake check   Ida Departn RS AND DIRE	CTORS IN	10 Addition			
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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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIG	N	ΔΤΙ	IR	F

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-839-2811

☐ Change

Daytime Phone #