FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000025521 (2)

SIGNATURE: MAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # 1. Corporation Name

OAK CREEK COUNTRY CLUB, INC.							
Principal Place	of Business	Mailing Address				1 (68)/68) 116 (6/6) 6/0) 60/4 66/4 66/4 86/4 85/10 1/64/ 20/0 1/64/ 20/0 1/64/	
31111 U.S. H PALM HARBO	ighway 19 North ir F1. 34684		31111 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684				
						Date Incorporated or Qualified 3a. Date of Last Report 03/30/1995	
2. Principal Pla	ce of Business	2a. Mailing Address 26				4. FEI Number Applied For S9 - 33086 36 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Regulred	
22 City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23 Zip	Country	[28]	Zip Country			Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032,	
24	25	—n		,		Flor/da Statutes	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent	
				B1	Name		
MACONI 31111 U	, mark S Highway 19 North		Ī	62	Street Add	ress (P.O. Box Number is Not Acceptable)	
	ARBOR FL 34684		Ī	83			
				84	City	FL 85 Zip Code	
or registere	o the provisions of Sections 607.050 and agent, or both, in the State of Flo h, ar d accept the obligations of, Se	rida. Such change was author	azed by the c	/e-n	named corpo oration's boa	oration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am	
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable.	NOTE: Registered	Agen	it signature recy.in	od when reinstating). DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		☐ DELETE	1, 1 7/1	TLE		Vice Pres / Sec / derector - Change Addition	
NAME			1.2 NA:	ME		YKJEH, Fachod U.	
STREET ADDRESS			1.3 ST	REET	ADDRESS 3	1111 US Huy 19, N.	
CITY - ST - ZIP			1.4 C()		T-ZiP	alm Harbor, FC 34684	
TITLE		☐ DELFTE			0	res/ Sinector Chánge X Addition	
NAME			22 NA			MACONI, Mark W:	
STREET ADDRESS					ADDRESS	3(11) US Aug 19, N. 34684	
CITY-ST-ZIP TITLE		☐ DELETE	24 CH		11 - ZIP	Director Change Addition	
NAME			3 2 NA		'	DACHION TO Chara T	
STREET ADDRESS					T ADDRESS	ZIII US III III O).	
CITY-ST-ZiP			3.4 CIT	Y - S	T-ZIP	Palm Harber, FL 34684	
TITLE		☐ DELETE	4.1 II			Oine tor Change Addition	
NAME			4.2 NA	ME		GRIFFIN, a. Terry	
STREE1 ADDRESS			4.3 ST	REFT	ADDRESS	3/11/ U.S. Herry 19 W.	
CITY-ST-ZIP			4.4 CIT	Y-S	ST - ZIP	31111 US Hery 19, W. 34684	
TITLE		☐ DELETE	5.1 %			Change / [] Addition	
NAME			5.2 NA				
STHEFT ADDRESS					ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 Ci1 6 1 Ti		ST-ZIP	Change [*] Addition	
TITLE			62 NA			C outside C vooriton	
NAME			ŀ		ADDRESS		
STREET ADDRESS			64 CI				
C(TY-ST-Z(P 14, I do hereb	y certify that the information supplie	d with this filing is voluntarily fu	rnished and	doe	s not qualify	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	
certify that oath: that	the information indicated on this ar	nnual report or supplemental ai poration or the receiver or trus	nnual report is itee empower	a tri	ie and accur	rate and that my signature shall have the same legal effect as if made under his report as required by Chapter 607, Florida Statutes; and that my name	

4/23/96 (813)786 1605