

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36278

Entity Name: OAK CREEK HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1944 AYRSHIER PLACE
OVIEDO, FL 32765**Current Mailing Address:**1944 AYRSHIER PLACE
OVIEDO, FL 32765 US**FEI Number:** 59-3042561**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALKER, JOSHUA B
1944 AYRSHIER PL.
OVIEDO, FL 32765 US*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.***SIGNATURE:** JOSHUA B. WALKER

03/24/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	WALKER, JOSHUA B
Address	1944 AYRSHIER PL
City-State-Zip:	OVIEDO FL 32765

Title	VP
Name	BELLHORN, TODD
Address	1912 AYRSHER PL
City-State-Zip:	OVIEDO FL 32765

Title	T
Name	MOORE, PETE
Address	313 CELTIC CT.
City-State-Zip:	OVIEDO FL 32765

Title	D
Name	EASTER, MELANIE
Address	1905 AYRSHIER PL
City-State-Zip:	OVIEDO FL 32765

Title	S
Name	WALKER, MARCELA G
Address	1944 AYRSHIER PL
City-State-Zip:	OVIEDO FL 32765

Title	D
Name	EASTER, RANDY
Address	1905 AYRSHIER PL
City-State-Zip:	OVIEDO FL 32765

Title	D
Name	FREDRICKSON, DEBRA
Address	1916 AYRSHIER PL
City-State-Zip:	OVIEDO FL 32765

Title	D
Name	BELLHORN, GINGER
Address	1912 AYRSHIER PL
City-State-Zip:	OVIEDO FL 32765

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSHUA B. WALKER

PRESIDENT

03/24/2014

Electronic Signature of Signing Officer/Director Detail

Date