


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 753562
 1. Entity Name
OAK CREEK AT COUNTRYSIDE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business 3024 TANGLEWOOD DR CLEARWATER, FL 33761-1427 US	Mailing Address 3024 TANGLEWOOD DR CLEARWATER, FL 33761-1427 US
---	---

DO NOT WRITE IN THIS SPACE



01202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2019094	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 HARPER, REX E
 3024 TANGLE WOOD DR
 CLEARWATER, FL 33761-1427

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$81.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000624096
 02/14/07-80018-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HULSTEIN, KEES 3070 OAK CREEK DR N CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARPER, REX E 3024 TANGLEWOOD DR CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHAELS, MARGARET 3056 OAK CREEK DR N] CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: *[Signature]* **Treas** 1/8/07 **Date** _____ **Daytime Phone #** _____