

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 753562 (8)

1. Corporation Name
OAK CREEK AT COUNTRYSIDE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**3089 TANGLEWOOD DR.
CLEARWATER FL 34621
US**

Mailing Address
**3089 TANGLEWOOD DR.
CLEARWATER FL 34621
US**

3. Date Incorporated or Qualified
07/31/1980

3a. Date of Last Report
01/27/1995

| | | | | | | | |
|--------------------------------|--|---------------------|--|--|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 59-2019094 | | Applied For Not Applicable | |
| 21 | | 26 | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 22 | | 27 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| City & State | | City & State | | 24 | | 25 | |
| Zip | | Country | | 29 | | 30 | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHULTS, DONALD
3089 TANGLEWOOD DR.
CLEARWATER FL 34621-1427**

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| FL | 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Donald S. Shults (Treasurer)* **1-22-96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KARP, DIANE | 1.2 NAME | |
| STREET ADDRESS | 3023 OAK CREEK DR N. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEARWATER, FL 00000 | 1.4 CITY - ST - ZIP | |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WOOD, GLENDA | 2.2 NAME | <i>SD Margaret Michaels</i> |
| STREET ADDRESS | 3024 TANGLEWOOD DRIVE | 2.3 STREET ADDRESS | <i>3056 Oak Creek dr. N</i> |
| CITY - ST - ZIP | CLEARWATER, FL 00000 | 2.4 CITY - ST - ZIP | <i>Clearwater, Florida 34621</i> |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHULTS, DONALD | 3.2 NAME | |
| STREET ADDRESS | 3089 TANGLEWOOD DR. | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEARWATER FL 34621-1427 | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald S. Shults* **1-22-96** **813-786-4649**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)