

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753562

**FILED  
Feb 20, 2015  
Secretary of State  
CC2087977609**

**Entity Name:** OAK CREEK AT COUNTRYSIDE PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3084 OAK CREEK DR. N  
CLEARWATER, FL 33761

**Current Mailing Address:**

3084 OAK CREEK DR. N  
CLEARWATER, FL 33761 US

**FEI Number: 59-2019094**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROLFE, BRIAN H  
3084 OAK CREEK DR. N.  
CLEARWATER, FL 33761 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name DANIELS, ZO  
Address 3042 OAK CREEK DR N  
City-State-Zip: CLEARWATER FL 33761

Title TD  
Name ROLFE, BRIAN H  
Address 3084 OAK CREEK DRIVE NORTH  
City-State-Zip: CLEARWATER FL 33761

Title SECRETARY  
Name CHRISTINE, THORPE  
Address 3070 OAK CREEK DR N  
City-State-Zip: CLEARWATER FL 33761

*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: BRIAN ROLFE**

**TREASURER**

**02/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date