

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION
 ANNUAL REPORT
 1997



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

FILED

97 NOV 10 PM 3:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 753562 (8)
 1. Corporation Name

OAK CREEK AT COUNTRYSIDE PROPERTY OWNERS ASSOCIATION, INC.

REINSTATEMENT 97

Principal Place of Business

Mailing Address

3089 TANGLEWOOD DR.
 CLEARWATER FL 34621
 US

3089 TANGLEWOOD DR.
 CLEARWATER FL 34621
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21 3029 Tanglewood Drive		26 3029 Tanglewood Drive		59-2019094		07/31/1980 01/29/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 Clearwater, FL		28 Clearwater, FL		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 34621		25 USA		29 34621		30 USA	
g. 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		85 Zip Code	
Jerri Blumenthal		FL 34621	
82 Street Address (P.O. Box Number is Not Acceptable)			
3029 Tanglewood Drive			
83			
84 City			
Clearwater			

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 *Jerri Blumenthal*
 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 checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARP, DIANE	1.2 NAME	Sze, Marsha
STREET ADDRESS	3023 OAK CREEK DR N.	1.3 STREET ADDRESS	3082 Tanglewood Drive
CITY-ST-ZIP	CLEARWATER, FL 00000	1.4 CITY-ST-ZIP	Clearwater, FL 34621
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELS, MARGARET	2.2 NAME	
STREET ADDRESS	3056 OAK CREEK DRIVE NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULTS, DONALD	3.2 NAME	Blumenthal, Jerri
STREET ADDRESS	3089 TANGLEWOOD DR.	3.3 STREET ADDRESS	3029 Tanglewood Drive
CITY-ST-ZIP	CLEARWATER FL 34621-1427	3.4 CITY-ST-ZIP	Clearwater, FL 34621
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	

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SL
 11-13-97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jerri Blumenthal* SIGNATURE REQUIRED *sent 11/13/97 813 296 1811*

CR2E037 (4/97)