

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90240 019 ****61.25

DOCUMENT # 753562

1. Entity Name

OAK CREEK AT COUNTRYSIDE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

**3029 TANGLEWOOD DR.
CLEARWATER FL 33761-1427
US**

Mailing Address

**3029 TANGLEWOOD DR.
CLEARWATER FL 33761-1427
US**

20007881



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3024 Tanglewood Dr
Suite, Apt. #, etc.

3. Mailing Address

3024 Tanglewood Dr
Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number **59-2019094**

Applied For

Not Applicable

Zip **33761**

Country **Pindlar**

Zip **33761**

Country **Pindlar**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~BLUMENTHAL, JERRI~~
~~3029 TANGLEWOOD DR.~~
~~CLEARWATER FL 33761-1427~~

REX E. HARPER
3024 Tanglewood DR

7. Name and Address of New Registered Agent

Name **REX E. HARPER**

Street Address (P.O. Box Number is Not Acceptable)
3024 Tanglewood DR

City **Clearwater**

FL

Zip Code **33761**

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

[Signature]

REX E. HARPER, Treas

1/13/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOMLIN, LEIGH A 3087 TANGLEWOOD DR CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHAELS, MARGARET 3056 OAK CREEK DRIVE NORTH CLEARWATER FL 33761-1430	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARPER, REX E 3024 TANGLEWOOD DR CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Greenberg, Nancy 3030 OAK CREEK DR. NORTH CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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] **REX E. HARPER** **1/13/03**

927-786-9482

CR2E037 (10/02)