

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005478

FILED  
Apr 24, 2007  
Secretary of State

**Entity Name:** OAK CREST ESTATES, PHASE II, HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1065 GEORGE JENKINS BLVD.  
LAKELAND, FL 33815

**New Principal Place of Business:**

**Current Mailing Address:**

1065 GEORGE JENKINS BLVD.  
LAKELAND, FL 33815

**New Mailing Address:**

FEI Number: 51-0423041      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GEARY, JOSEPH A ESQ.  
225 EAST LEMON STREET  
LAKELAND, FL 33801      US

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

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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: FISHER, WILLIAM A  
Address: 1065 GEORGE JENKINS BLVD.  
City-St-Zip: LAKELAND, FL 33801

Title: D      ( ) Delete  
Name: WELLMAN, WAYNE V  
Address: 4963 DIXIE HWY.  
City-St-Zip: SAGINAW, MI 44806

Title: D      ( ) Delete  
Name: FRAZIER, SHERRY  
Address: 1065 GEORGE JENKINS BLVD.  
City-St-Zip: LAKELAND, FL 33801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM A FISHER

PD

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date