

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02355

FILED
Apr 30, 2009
Secretary of State

Entity Name: OAKCREEK CAVERNS LOT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4009 SW 20TH AVE.
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

4000 SW 20TH AVE.
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-2594131 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLAWAY, III, LAWRENCE C.
333 NW 3RD AVENUE
OCALA, FL 34475 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: PD () Delete
Name: CASEY, JOHN
Address: 2020 SW 42ND PLACE
City-St-Zip: Ocala, FL 34471

Title: D () Delete
Name: SCHAAP, STEVE
Address: 4299 SW 20 AVE
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: CASSE, JOHN
Address: 4405 SW 20TH AVE
City-St-Zip: Ocala, FL 34471

Title: D () Delete
Name: OIVEROS, ROSEMARIE
Address: 4200 SW 20TH AVE
City-St-Zip: Ocala, FL 34471

Title: D () Delete
Name: LAKSHMINARAYANAN, POORNIMA
Address: 4220 SW 20TH AVE.
City-St-Zip: Ocala, FL 34474

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:

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 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: JOHN CASEY

Electronic Signature of Signing Officer or Director

PRES

04/30/2009

_____ Date