


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # N96000002098**

1. Entity Name  
**OAK CREST ESTATES ASSOCIATION, INC.**



Principal Place of Business <b>6938 OAK CREST WAY          ZEPHYRHILLS, FL 33542 US</b>	Mailing Address <b>6938 OAK CREST WAY          ZEPHYRHILLS, FL 33542 US</b>
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**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3375527</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KNOWLTON, KAREN  
 6938 OAK CREST WAY  
 ZEPHYRHILLS, FL 33542**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHGEB, ROBERT W 6920 OAK CREST WAY ZEPHYRHILLS, FL 335421694
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KNOWLTON, KAREN 6938 OAK CREST WAY ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGEL, JIM 6901 OAK CREST WAY ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAUME, STOY 6911 OAK CREST WAY ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNOWLTON, DOUGLAS 6938 OAK CREST WAY ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEELE, GARY 6937 OAK CREST WAY ZEPHYRHILLS, FL 33542

*Ch# 311  
3-5-07*

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1100000659596  
 03/15/07-80044-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Karen A Knowlton* **Karen A Knowlton** *3/2/07* **352-523-1200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #