

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002098

FILED
May 04, 2009
Secretary of State

Entity Name: OAK CREST ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

38642 EVELYN LN
ZEPHYRHILLS, FL 33542 US

New Principal Place of Business:

Current Mailing Address:

38642 EVELYN LN
ZEPHYRHILLS, FL 33542 US

New Mailing Address:

FEI Number: 59-3375527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, CRICKET
38642 EVELYN CT
ZEPHYRHILLS, FL 33542 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: ROTHGEB, ROBERT W
Address: 6920 OAK CREST WAY
City-St-Zip: ZEPHYRHILLS, FL 335421694

Title: P () Delete
Name: HOPP, JASON
Address: 6951 OAKCREST WAY
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D () Delete
Name: ENGEL, JIM
Address: 6901 OAK CREST WAY
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: ST () Delete
Name: WILSON, CRICKET
Address: 38642 EVELYN LN
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: V () Delete
Name: KNOWLTON, DOUGLAS
Address: 6938 OAK CREST WAY
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D () Delete
Name: STEELE, GARY
Address: 6937 OAK CREST WAY
City-St-Zip: ZEPHYRHILLS, FL 33542

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:

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: CRICKET WILSON

SECR

05/04/2009

Electronic Signature of Signing Officer or Director

_____ Date