

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002098

**FILED  
Feb 15, 2014  
Secretary of State  
CC8241859320**

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

**Current Principal Place of Business:**

6943 OAKCREST WAY  
ZEPHYRHILLS, FL 33542

**Current Mailing Address:**

6943 OAKCREST WAY  
ZEPHYRHILLS, FL 33542 US

**FEI Number:** 59-3375527

**Certificate of Status Desired:** No

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

SZATYARI, PATRICIA  
6943 OAKCREST WAY  
ZEPHYRHILLS, FL 33542 US

*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

**Officer/Director Detail :**

Title P  
Name LEASURE, JOSHUA  
Address 6926 OAK CREST WAY  
City-State-Zip: ZEPHYRHILLS FL 33542-1694

Title VP  
Name STORY, TOM  
Address 6937 OAK CREST WAY  
City-State-Zip: ZEPHYRHILLS FL 33542

Title ST  
Name SZATYARI, PATRICIA  
Address 6943 OAK CREST WAY  
City-State-Zip: ZEPHYRHILLS FL 33542

*I hereby 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 all other like empowered.*

**SIGNATURE:** PATRICIA SZATYARI

**SECRETARY**

**02/15/2014**

Electronic Signature of Signing Officer/Director Detail

Date