


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

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| DOCUMENT # N97000000989 1. Entity Name OAK CREEK FOREST HOMEOWNERS ASSOCIATION, INC. |  |
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| Principal Place of Business 3606 BRANCH CREEK SARASOTA, FL 34235 US | Mailing Address 3606 BRANCH CREEK SARASOTA, FL 34235 US |
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-NP CR2E037 (4/06)

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|------------------------------------|--|
| 4. FEI Number 65-0767526 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BOWEN, BRIAN 3298 BRANCH CREEK DRIVE SARASOTA, FL 34235 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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|---|---|---|
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000911340 05/07/08-80035-019 61.25 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BOWEN, BRIAN 3298 BRANCH CREEK DRIVE SARASOTA, FL 34235 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV LEBLANC, THOMAS 3242 BRANCH CREEK DR SARASOTA, FL 34235 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS KRISTOFFY, THERESA 3606 BRANCH CREEK RD SARASOTA, FL 34235 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  **Theresa A. Kristoffy** **4-18-08** **941-340-8774**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #