

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90096 019 ****61.25

DOCUMENT # N97000000989

1. Corporation Name

OAK CREEK FOREST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

8983 MISTY CREEK DR
SARASOTA FL 34241

Mailing Address

8983 MISTY CREEK DR
SARASOTA FL 34241



2. Principal Place of Business

21 **3242 BRANCH CREEK DR.**

2a. Mailing Address

26 **3242 BRANCH CREEK DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **SARASOTA FL**

City & State

28 **SARASOTA FL**

Zip Country

24 **34235** 25 **USA**

Zip Country

29 **34235** 30 **USA**

3. Date Incorporated or Qualified

02/18/1997

4. FEI Number

65-0767526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ESLINGER, JAMES L
8983 MISTY CREEK DR
SARASOTA FL 34241

10. Name and Address of New Registered Agent

81 Name

MICHAEL FELIX

82 Street Address (P.O. Box Number is Not Acceptable)

3242 BRANCH CREEK DR.

83

84 City

SARASOTA

FL

85 Zip Code

34235

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

MR. PRESIDENT

3-10-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE
NAME **ESLINGER, JAMES L**
STREET ADDRESS **8983 MISTY CREEK DR**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **DST** ☒ DELETE
NAME **ESLINGER, JEFFERY D**
STREET ADDRESS **8983 MISTY CREEK DR**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **DV** ☒ DELETE
NAME **FELIX, MICHAEL R**
STREET ADDRESS **2985 CONCORD RD**
CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☐ Change ☒ Addition
1.2 NAME **FELIX, MICHAEL R.**
1.3 STREET ADDRESS **3242 BRANCH CREEK DR.**
1.4 CITY-ST-ZIP **SARASOTA FL 34235**

2.1 TITLE **DST** ☐ Change ☒ Addition
2.2 NAME **STRONACH, LONETTE**
2.3 STREET ADDRESS **3522 BRANCH CREEK DR.**
2.4 CITY-ST-ZIP **SARASOTA FL 34235**

3.1 TITLE **DV** ☐ Change ☒ Addition
3.2 NAME **YOUNG, LISA**
3.3 STREET ADDRESS **3241 BRANCH CREEK DR.**
3.4 CITY-ST-ZIP **SARASOTA FL 34235**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MR. PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99 941-351-9694

Date

Daytime Phone #

0068119

CR2E037 (11/98)