

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000989

1. Entity Name

OAK CREEK FOREST HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90054 022 ****61.25

Principal Place of Business

Mailing Address

3242 BRANCH CREEK DR
SARASOTA FL 34235
US

3242 BRANCH CREEK DR
SARASOTA FL 34235-6723
US

2. Principal Place of Business

3. Mailing Address

3633 BRANCH CREEK DR
Suite, Apt. #, etc.

3633 BRANCH CREEK DR
Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0767526

Applied For

Not Applicable

Zip

34235

Country

USA

Zip

34235

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELIX, MICHAEL
3242 BRANCH CREEK DR
SARASOTA FL 34235

Name

LISA YOUNG

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

3241 BRANCH CREEK DR

City

SARASOTA

FL

Zip Code

34235

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.

SIGNATURE

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

LISA YOUNG, PRESIDENT

3/4/00

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	FELIX, MICHAEL R	
STREET ADDRESS	3242 BRANCH CREEK DR	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	STRONACH, LONETTE	
STREET ADDRESS	3522 BRANCH CREEK DR	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, LISA	
STREET ADDRESS	3241 BRANCH CREEK DR	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA YOUNG	
STREET ADDRESS	3241 BRANCH CREEK DR.	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMAS LEBLANC	
STREET ADDRESS	3242 BRANCH CREEK DR	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNE PLUNKETT	
STREET ADDRESS	3633 BRANCH CREEK DR	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA YOUNG, PRESIDENT 3/4/00 941-355-7596

Date

Daytime Phone #

CR2E037 (9/99)