2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 22, 2002 8:00 am DOCUMENT # N9700000989 Secrétary of State 1. Entity Name 07-22-2002 90161 033 ****61.25 OAK CREEK FOREST HOMEOWNERS ASSOCIATION, INC. 02-21-2002 90056 020 ****61.25 Principal Place of Business Mailing Address 3633 BRANCH CREEK DR 80130755 3633 BRANCH CREEK DR SARASOTA FL 34235 SARASOTA FL 34235 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0767526 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RONALD HAYES Street Address (P.O. Box Number is Not Acceptable) YOUNG, LISA 3549 Branch Creek Drive 3241 BRANCH CREEK DR SARASOTA FL 34235 City Zip Code 34235 <u>Sarasota</u> 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 After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. min. will be \$236.25. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE ŊΡ TITLE Delete NAME YOUNG, LISA Ronald Hayes STREET ADDRESS STREET ADDRESS 3241 BRANCH CREEK DR 3549 Branch Creek Dr CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34235 Sarasota FL 34235 ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME LEBLANC, THOMAS STREET ADDRESS STREET ADDRESS 3242 BRANCH CREEK DR CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34235 ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME PLUNKETT, JUNE STREET ADDRESS STREET ADDRESS 3633 BRANCH CREEK DR CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34235 ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

941-358-1440