2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 15, 2004 8:00 am Secretary of State DOCUMENT # N97000000989 1. Entity Name 03-15-2004 90013 007 ****61.75 OAK CREEK FOREST HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 3633 BRANCH CREEK DR SARASOTA FL 34235 US 3633 BRANCH CREEK DR SARASOTA FL 34235 54018444 2. Principal Place of Business 3. Mailing Address Suite Apt. # etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) 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 HAYES, RONALD Street Address (P.O. Box Number is Not Acceptable) 3549 BRANCH CREEK DRIVE SARASOTA FL 34235 City Zip Code 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) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAYES, RONALD NAME NAME 3549 BRANCH CREEK DRIVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34235 CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change Addition LEBLANC, THOMAS NAME NAME 3242 BRANCH CREEK DR STREET ADDRESS STREET ADDRESS SARASOTA FL 34235 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition PLUNKETT, JUNE NAME NAME 3633 BRANCH CREEK DR STREET ADDRESS STREET ADDRESS SARASOTA FL 34235 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

FILED