

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001528

FILED
Apr 28, 2005
Secretary of State

Entity Name: OAK CREEK HOME OWNERS ASSOCIATION OF SARASOTA COUNTY, INC.

Current Principal Place of Business:

8051 N TAMIAMI TRAIL
SUITE E-3
SARASOTA, FL 34243 US

New Principal Place of Business:

381 INTERSTATE BLVD
SARASOTA, FL 34240 US

Current Mailing Address:

ADI PROPERTY MANAGEMENT
P.O. BOX 10714
BRADENTON, FL 34282

New Mailing Address:

SUNVAST MANAGEMENT
381 INTERSTATE BLVD
SARASOTA, FL 34240

FEI Number: 65-0359355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADI PROPERTY MANAGEMENT
8051 N TAMIAMI TRAIL
SUITE E-3
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

SUNVAST MANAGEMENT
381 INTERSTATE BLVD
SARASOTA, FL 34240 US

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: JULIE TRIMPE

04/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOICHEVAR, DAWN
Address: 70 NORTH CREEK LANE
City-St-Zip: OSPREY, FL 34229

Title: TD () Delete
Name: VANBECK, MICHAEL
Address: 125 NORTH CREEK LANE
City-St-Zip: OSPREY, FL 34229

Title: SD () Delete
Name: BARRON, WILLIAM
Address: 140 NORTH CREEK LANE
City-St-Zip: OSPREY, FL 34229

Title: AS (X) Delete
Name: ADI PROPERTY MANAGEM, ENT
Address: 8051 N. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: MCLOUGHLIN, JOHN
Address: 20 NORTH CREEK LANE
City-St-Zip: OSPREY, FL 34229

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BARRON, WILLIAM
Address: 140 NORTH CREEK LANE
City-St-Zip: OSPREY, FL 34229

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM BARRON

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date