


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90255 007 ****61.25

DOCUMENT # N93000001528	
1. Entity Name OAK CREEK HOME OWNERS ASSOCIATION OF SARASOTA COUNTY, INC.	

Principal Place of Business 381 INTERSTATE BLVD SARASOTA, FL 34240 US	Mailing Address SUNVAST MANAGEMENT 381 INTERSTATE BLVD SARASOTA, FL 34240
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04232008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0359355

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
SUNVAST MANAGEMENT 381 INTERSTATE BLVD SARASOTA, FL 34240	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLOUGHLIN, JOHN	NAME	
STREET ADDRESS	20 NORTH CREEK LANE	STREET ADDRESS	
CITY-ST-ZIP	OSPREY, FL 34229	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANBECK, MICHAEL	NAME	
STREET ADDRESS	125 NORTH CREEK LANE	STREET ADDRESS	
CITY-ST-ZIP	OSPREY, FL 34229	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRON, WILLIAM	NAME	
STREET ADDRESS	140 NORTH CREEK LANE	STREET ADDRESS	
CITY-ST-ZIP	OSPREY, FL 34229	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Brian Clark
STREET ADDRESS		STREET ADDRESS	60 North Creek Lane
CITY-ST-ZIP		CITY-ST-ZIP	Sarasota FL 34229
TITLE	<input type="checkbox"/> Delete	TITLE	Treasurer
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Chapter 119, 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.

Herb Weber CAM - Agent