2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N93000001528

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

Current Principal Place of Business:

381 INTERSTATE BLVD
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

SUNVAST MANAGEMENT
381 INTERSTATE BLVD
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 65-0359355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUNVAST MANAGEMENT
381 INTERSTATE BLVD
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: MCLOUGLIN, JOHN
Address: 20 NORTH CREEK LANE
City-St-Zip: OSPREY, FL 34229

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

Title: T ( ) Delete
Name: CLARK, BRIAN
Address: 60 N CRK LANE
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: MCLOUGHLIN, JOHN
Address: 10 NORTH CREEK LANE
City-St-Zip: OSPREY, FL 34229

Title: T (X) Change ( ) Addition
Name: CLARK, BRIAN
Address: 50 NORTH CREEK LANE
City-St-Zip: OSPREY, FL 34229

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 04/14/2009

Electronic Signature of Signing Officer or Director Date