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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001528 (9)

1. Corporation Name

OAK CREEK HOME OWNERS ASSOCIATION OF SARASOTA CO UNTY, INC.

Principal Place of Business	Mailing Address
C/O 2055 WOOD STREET #218 SARASOTA FL 34237	C/O 2055 WOOD STREET #218 SARASOTA FL 34237

3. Date Incorporated or Qualified: 04/05/1993

4. FEI Number: 65-0359355 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: % 2100 CONSTITUTION SQ
Suite, Apt. #, etc.
22: # 170
City & State
23: SARASOTA FL
Zip: 34231 Country: SARASOTA
24 25 29 30

2a. Mailing Address
ADI Property Management
PO Box 10714
Bradenton FL 34282

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARONE, BOB
ADI PROPERTY MANAGEMENT
2100 CONSTITUTION SQ., SUITE 170
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name: MARONE, ROBERT
82 Street Address (P.O. Box Number Is Not Acceptable): 570 57th AVE WEST #107
83
84 City: BRADENTON FL 85 Zip Code: 34207

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] 4/27/98
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☑ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	LINDSKOV, LES		1.2 NAME	MC LOUGHLIN, JOAN	
STREET ADDRESS	C/O 2055 WOOD STREET #218		1.3 STREET ADDRESS	20 NORTH CREEK LANE	
CITY-ST-ZIP	SARASOTA FL 34237		1.4 CITY-ST-ZIP	OSPREY FL 34229	
TITLE	SD	☑ DELETE	2.1 TITLE	TD	☐ Change ☑ Addition
NAME	GRANDE, PHILLIP		2.2 NAME	BIXLER, DONALD	
STREET ADDRESS	C/O 2055 WOOD STREET #218		2.3 STREET ADDRESS	120 NORTH CREEK LANE	
CITY-ST-ZIP	SARASOTA FL 34237		2.4 CITY-ST-ZIP	OSPREY FL 34229	
TITLE	D	☑ DELETE	3.1 TITLE	SD	☐ Change ☑ Addition
NAME	GRANDE, JASON		3.2 NAME	JAYNE, LARRY	
STREET ADDRESS	C/O 2055 WOOD STREET #218		3.3 STREET ADDRESS	115 North CREEK LANE	
CITY-ST-ZIP	SARASOTA FL 34237		3.4 CITY-ST-ZIP	OSPREY FL 34229	
TITLE		☐ DELETE	4.1 TITLE	AS	☐ Change ☑ Addition
NAME			4.2 NAME	MARONE ROBERT	
STREET ADDRESS			4.3 STREET ADDRESS	~~PO BOX 10714~~ 570 57th AVE W. #107	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	BRADENTON FL ~~34282~~ 34207	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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DP 61.25

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] ROBERT MARONE 4/27/98 941-756-0401