

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001528

1. Entity Name

OAK CREEK HOME OWNERS ASSOCIATION OF SARASOTA CO

FILED

Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90055 012 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O 2100 CONSTITUTION SQ.  
#170  
SARASOTA FL 34231  
US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

MARONE, ROBERT  
570 57TH AVE. WEST  
#107  
BRADENTON FL 34207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MCLOUGHLIN, JOAN  
STREET ADDRESS 20 NORTH CREEK LANE  
CITY-ST-ZIP OSPREY FL 34229 ☐ Delete

TITLE  
NAME MCLOUGHLIN, JOHN ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME BIXLER, DONALD  
STREET ADDRESS 120 NORTH CREEK LANE  
CITY-ST-ZIP OSPREY FL 34229 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME JAYNE, LARRY  
STREET ADDRESS 115 NORTH CREEK LANE  
CITY-ST-ZIP OSPREY FL 34229 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS  
NAME MARONE, ROBERT  
STREET ADDRESS 570 57TH AVE. W., #107  
CITY-ST-ZIP BRADENTON FL 34207 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)