

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001528

1. Entity Name

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

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

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 MCLOUGALIN, JOHN
STREET ADDRESS 20 NORTH CREEK LANE
CITY-ST-ZIP OSPREY FL 34229 ☒ Delete

TITLE PD
NAME Mr. Victor Moore
STREET ADDRESS 80 North Creek Lane
CITY-ST-ZIP Osprey FL 34229 ☐ Change ☒ Addition

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

TITLE FSD
NAME Frederick & Linda Bredice
STREET ADDRESS 60 North Creek Lane
CITY-ST-ZIP Osprey FL 34229 ☐ Change ☒ Addition

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

TITLE TD
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:

ROBERT MARONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90006 022 ****61.25



DO NOT WRITE IN THIS SPACE

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

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

0053417

CP2E037 (9/01)