2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001528

FILED Apr 06, 2004 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

C/O 2100 CONSTITUTION SQ. 8051 N TAMIAMI TRAIL

SUITE E-3 #170

SARASOTA, FL 34231 SARASOTA, FL 34243 US

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARONE, ROBERT ADI PROPERTY MANAGEMENT 8051 N TAMIAMI TRAIL 570 57TH AVE. WEST #107 SUITE E-3 BRADENTON, FL 34207 US SARASOTA, FL 34243 US

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: JAMES P FESTA 04/06/2004

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition KOCHEVAR, DAWN Name: Name:

70 NORTH CREEK LANE Address: Address: City-St-Zip: OSPREY, FL 34229 City-St-Zip:

Title: SD () Delete Title: (X) Change () Addition VANBECK, MICHAEL Name: VANBECK, MICHAEL Name: Address: 125 NORTH CREEK LANE Address: 125 NORTH CREEK LANE

City-St-Zip: OSPREY, FL 34229 City-St-Zip: OSPREY, FL 34229

Title: () Delete Title: SD (X) Change () Addition

JAYNE, LARRY BARRON, WILLIAM Name: Name: 140 NORTH CREEK LANE Address: 115 NORTH CREEK LANE Address: City-St-Zip: OSPREY, FL 34229 City-St-Zip: OSPREY, FL 34229

Title: AS () Delete Title: AS (X) Change () Addition Name: MARONE, ROBERT Name: ADI PROPERTY MANAGEM, ENT 8051 N. TAMIAMI TRAIL Address: 570 57TH AVE. W., #107 Address:

City-St-Zip: BRADENETON, FL 34207 City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAWN KOCHEVAR PD 04/06/2004