

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jun 16 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21898 (4)**

1. Corporation Name  
**OAKBROOK WALK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1104-A S.W. 14TH AVE. GAINESVILLE FL 32601</b>	Mailing Address <b>1104-A S.W. 14TH AVE. GAINESVILLE FL 32601-2820</b>
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3. Date Incorporated or Qualified <b>08/05/1987</b>	3a. Date of Last Report <b>11/14/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> P.O. Box 2900 <b>27</b> Suite, Apt. #, etc. <b>28</b> Gainesville, FL <b>29</b> 32602 <b>30</b> USA
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This Corporation Has Industry Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**YENSER, NANCY E  
703 NE 1ST STREET  
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCGURN, KEN</b>	
STREET ADDRESS	<b>101 S.E. 2ND PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HALL, BILL</b>	
STREET ADDRESS	<b>58 S. WASHINGTON</b>	
CITY-ST-ZIP	<b>VALPARAISO IN</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ABEL, CHARLES</b>	
STREET ADDRESS	<b>3712 GENELITTLER</b>	
CITY-ST-ZIP	<b>CLOVIS NM</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SAYLOR, JEFF</b>	
STREET ADDRESS	<b>680 VILLAGE TR.</b>	
CITY-ST-ZIP	<b>MARIETTA GA</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KURTS, TERESA</b>	
STREET ADDRESS	<b>56 S. WASHINGTON</b>	
CITY-ST-ZIP	<b>VALPARAISO IN</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>David R. Kernodle</b>	
2.3 STREET ADDRESS	<b>722 Piedmont Drive SE</b>	
2.4 CITY-ST-ZIP	<b>Winterhaven, FL 33880</b>	
3.1 TITLE	<b>DS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Harry Saxton</b>	
3.3 STREET ADDRESS	<b>1519 SW 13th Street</b>	
3.4 CITY-ST-ZIP	<b>Gainesville, FL 32608</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

CR2E037 (9/96)