


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90074 015 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N21898</b>		
1. Corporation Name <b>OAKBROOK WALK CONDOMINIUM ASSOCIATION, INC.</b>		
Principal Place of Business 1104-A S.W. 14TH AVE. GAINESVILLE FL 32601	Mailing Address P.O. BOX 2900 GAINESVILLE FL 32602 US	

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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/05/1987	4. FEI Number 59-2875836 NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
YENSER, NANCY E 703 NE 1ST STREET GAINESVILLE FL 32601				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGURN, KEN			1.2 NAME			
STREET ADDRESS	101 S.E. 2ND PLACE			1.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			1.4 CITY-ST-ZIP			
TITLE	DT	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KERNODLE, DAVID R.			2.2 NAME	Erik Diaz		
STREET ADDRESS	722 PIEDMONT DR. SE			2.3 STREET ADDRESS	1224-A SW 14th Ave		
CITY-ST-ZIP	WINTER HAVEN FL			2.4 CITY-ST-ZIP	Gainesville, FL 32601		
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAXTON, HARRY			3.2 NAME			
STREET ADDRESS	1519 SW 13TH ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: Kenneth R. McGurn **SIGNATURE REQUIRED** 4/24/99 352-3226172  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)