

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27288

1. Entity Name

OAKBROOK PROPERTY OWNERS' ASSOCIATION, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90016 001 ****61.25

Principal Place of Business

3290 KINGS ROAD SOUTH
ST. AUGUSTINE FL 32086

Mailing Address

3290 KINGS ROAD SOUTH
ST. AUGUSTINE FL 32086

2. Principal Place of Business

3. Mailing Address

P. O. Box 1647

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Augustine, FL

4. FEI Number

59-2943057

Applied For

Not Applicable

Zip

Country

Zip

Country

32085

St. Johns

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAILEY, JOHN D JR.
780 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name Richard L. Waler, Jr., CPA

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

~~71 South Dixie Highway~~

~~Suite #4~~

City

St. Augustine

FL

Zip Code
32084

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.

32086-5041

SIGNATURE

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

Richard L. Waler, Jr., CPA

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/01

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

TITLE DP ☐ Delete
NAME SANCHEZ, BILLY J.
STREET ADDRESS 804 BRANDYWINE COURT
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE DVP ☒ Delete
NAME KRATZER, EARL
STREET ADDRESS 3333 KINGS RD. SOUTH
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE DT ☒ Delete
NAME HELD, LORIE
STREET ADDRESS 2211 CR 13
CITY-ST-ZIP ELKTON FL 32033

TITLE DVP ☐ Delete
NAME HELD, ROBERT T SR.
STREET ADDRESS 2000 NE 47TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☒ Delete
NAME BERGEMANN, JAN
STREET ADDRESS 3345 KINGS RD SOUTH
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE DST ☐ Change ☒ Addition
NAME Kathryn Sanchez
STREET ADDRESS 804 Brandywine Court
CITY-ST-ZIP St. Augustine, FL 32086

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

TITLE D ☐ Change ☒ Addition
NAME Lenore Straus
STREET ADDRESS 720 Charmwood Drive
CITY-ST-ZIP St. Augustine, FL 32086

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)