

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90052 045 ****61.25

DOCUMENT # N27288

1. Entity Name

OAKBROOK PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3290 KINGS ROAD SOUTH
ST. AUGUSTINE FL 32086**

**P.O. BOX 1647
ST AUGUSTINE FL 32085**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2943057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALER, RICHARD L JR
864 WHITE EAGLE CIRCLE
SAINT AUGUSTINE FL 32086-5041**

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

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

TITLE **DST** ☐ Delete
NAME **SANCHEZ, KATHRYN**
STREET ADDRESS **804 BRANDYWINE COURT**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

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

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

TITLE ☐ Change ☒ Addition
NAME **Michael Held**
STREET ADDRESS **2000 NE 47th St.**
CITY-ST-ZIP **Ft. Lauderdale, FL**

TITLE **D** ☒ Delete
NAME **STRAUS, LENORE**
STREET ADDRESS **720 CHARMWOOD DRIVE**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE ☐ Change ☒ Addition
NAME **Jack Tenore**
STREET ADDRESS **3532 Kings Road South**
CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Lorrie Held**
STREET ADDRESS **2245 CR 13 South**
CITY-ST-ZIP **Elkton, FL 32033**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 reports 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 (9/01)