

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N27288		
1. Entity Name OAKBROOK PROPERTY OWNERS' ASSOCIATION, INC.		

Principal Place of Business 3290 KINGS ROAD SOUTH ST. AUGUSTINE, FL 32086	Mailing Address P.O. BOX 1647 ST AUGUSTINE, FL 32085
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DO NOT WRITE IN THIS SPACE

01282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2943057	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent WALER, RICHARD L JR 864 WHITE EAGLE CIRCLE SAINT AUGUSTINE, FL 32086-5041
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when restate) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

UNNNNN207784
02/01/05-80056-022 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANCHEZ, BILLY J. 805 BRANDYWINE COURT ST AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SANCHEZ, KATHRYN 805 BRANDTWINE COURT SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HELD, MICHAEL 2000 NE 47TH ST FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOBB, PAT 3505 KINGS ROAD SOUTH SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TENORE, JACK 3532 KINGS RD SOUTH SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Jack Tenore* 1/28/05 (904) 824-5412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #