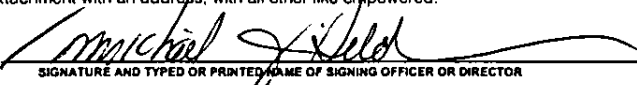


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90023 020 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2943057	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WALER, RICHARD L JR 864 WHITE EAGLE CIRCLE SAINT AUGUSTINE, FL 32086-5041				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANCHEZ, BILLY J. 805 BRANDYWINE COURT ST AUGUSTINE, FL 32086	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SANCHEZ, KATHRYN 805 BRANDTWINE COURT SAINT AUGUSTINE, FL 32086	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HELD, MICHAEL 2000 NE 47TH ST FT. LAUDERDALE, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAIGE, ROBERT 3313 CEDAR GLEN WAY SAINT AUGUSTINE, FL 32086	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL RYAN 3445 Kings Road South St. Augustine, FL 32086	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY DIVICO 3313 Kings Road South St. Augustine, FL 32086	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 2/8/08 Daytime Phone #					