

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90534 010 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2943057**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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
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. 804 BRANDYWINE COURT ST AUGUSTINE FL 32086	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SANCHEZ, KATHRYN 804 BRANDYWINE 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 HELD, LORRIE 2245 CR 13 SOUTH ELKTON FL 32033	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TENORE, JACK 3532 KINGS RD SOUTH SAINT AUGUSTINE FL 32086	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 805 Brandywine Court
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 805 Brandywine Court
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition D Colby Holt 3361 Kings Road South St. Augustine, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

4/18/03

904-824-5412

CR2E037 (10/02)