

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27288

Entity Name: OAKBROOK PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**3290 KINGS ROAD SOUTH
ST. AUGUSTINE, FL 32086**Current Mailing Address:**3942 A1A SOUTH
ST AUGUSTINE, FL 32080 US**FEI Number:** 59-2943057**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JUDY ALLIGOOD, BROKER/CAM COASTAL REALTY & PROPERTY MANAGEMENT,
3942 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US*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:** JUDY ALLIGOOD, BROKER/CAM

01/09/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GOINS, DAVID SCOTT
Address 3942 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title TREASURER
Name EMMEL, DOLLY
Address 913 WHITE EAGLE CIRCLE
City-State-Zip: SAINT AUGUSTINE FL 32086

Title VP
Name WALER, RICHARD VP
Address 3942 A1A SOUTH
City-State-Zip: SAINT AUGUSTINE FL 32080

Title DIRECTOR
Name GREENSPAN, DAVID
Address 801 BRANDYWINE COURT
City-State-Zip: SAINT AUGUSTINE FL 32086

Title EXECUTIVE SECRETARY
Name RYAN, PAUL
Address 3942 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080

Title BROKER/CAM COASTAL REALTY &
PROPERTY MANAGEMENT
Name ALLIGOOD, JUDY
Address 3942 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUDY ALLIGOOD

BROKER/CAM

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date