FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741531 (8)

1. Corporation Name
OAKBROOK SQUARE MERCHANTS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
11504 US HWY ONE PALM BCH GARDENS FL 33408	11504 US HWY ONE PALM BCH GARDENS FL 33408

3. Date Incorporated or Qualified: 02/06/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1969819 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BAILEY, KATHRYN A
11504 US HIGHWAY ONE
PALM BCH GARDENS FL 33408-0019

10. Name and Address of New Registered Agent

81 Name: GIBSON, JUDY H.
82 Street Address (P.O. Box Number is Not Acceptable): 3068 NW 25th WAY
83
84 City: BOCA RATON FL 85 Zip Code: 33434

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Judy H. Gibson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	MST	1.1 TITLE	MST	☒ Change ☐ Addition
NAME	BAILEY, KATHRYN A	1.2 NAME	GIBSON, JUDY H.	
STREET ADDRESS	3100 S.E. BEDFORD DRIVE	1.3 STREET ADDRESS	3068 NW 25th WAY	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33434	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MILLER, MARLENE	2.2 NAME	MACGREGOR, RICHARD S.	
STREET ADDRESS	101 BLOSSOM LANE	2.3 STREET ADDRESS	5799 MARBLEWOOD COURT	
CITY-ST-ZIP	PALM BEACH SHORES FL	2.4 CITY-ST-ZIP	JUPITER, FLORIDA 33458	
TITLE	P	3.1 TITLE	P	☒ Change ☐ Addition
NAME	BOAT, CHRISTOPHER	3.2 NAME	RUBIN, EARL	
STREET ADDRESS	74 SPY GLASSWAY	3.3 STREET ADDRESS	1704 17th COURT	
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	JUPITER, FLORIDA 33477	
TITLE	VP	4.1 TITLE	VP	☒ Change ☐ Addition
NAME	COHEN, ANN	4.2 NAME	LEE PROPST	
STREET ADDRESS	8 WYNDHAM LANE	4.3 STREET ADDRESS	258 BLOOMFIELD DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MARVIN, JUNE	5.2 NAME	BETH KLINE	
STREET ADDRESS	5600 N. DIXIE HWY.	5.3 STREET ADDRESS	106 SEA BREEZE CIRCLE	
CITY-ST-ZIP	WEST PALM BCH. FL	5.4 CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	LAZEAU, RENEE	6.2 NAME		
STREET ADDRESS	735 HUMMINGBIRD WAY, 102	6.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BCH FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: EARL RUBIN 3-31-95 407-622-5656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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