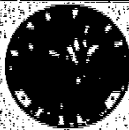


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northerm
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.

Principal Place of Business

Mailing Address

11504 US HWY ONE
PALM BCH GARDENS FL 33408

11504 US HWY ONE
PALM BCH GARDENS FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1978

3a. Date of Last Report

05/01/1994

4. FBI Number

59-1960819

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 601(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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

GIBSON, JUDY H.
3068 NW 25th WAY
BOCA RATON
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

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
NAME	BAILEY, KATHRYN A
STREET ADDRESS	3100 S.E. BEDFORD DRIVE
CITY-ST-ZIP	STUART FL
TITLE	D
NAME	MILLER, MARLENE
STREET ADDRESS	101 BLOSSOM LANE
CITY-ST-ZIP	PALM BEACH SHORES FL
TITLE	P
NAME	BOAT, CHRISTOPHER
STREET ADDRESS	74 SPY GLASSWAY
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	VP
NAME	COHEN, ANN
STREET ADDRESS	8 WYNDHAM LANE
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	D
NAME	MARVIN, JUNE
STREET ADDRESS	5600 N. DIXIE HWY.
CITY-ST-ZIP	WEST PALM BCH. FL
TITLE	D
NAME	LAZEAU, RENEE
STREET ADDRESS	735 HUMMINGBIRD WAY, 102
CITY-ST-ZIP	NORTH PALM BCH FL

1.1 TITLE	MST	☒ Change ☐ Addition
1.2 NAME	GIBSON, JUDY H.	
1.3 STREET ADDRESS	3068 NW 25th WAY	
1.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33434	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	MAC GREGOR, RICHARD S.	
2.3 STREET ADDRESS	5799 MARBLEWOOD COURT	
2.4 CITY-ST-ZIP	JUPITER, FLORIDA 33458	
3.1 TITLE	P	☒ Change ☐ Addition
3.2 NAME	RUBIN, EARL	
3.3 STREET ADDRESS	1704 17th COURT	
3.4 CITY-ST-ZIP	JUPITER, FLORIDA 33477	
4.1 TITLE	VP	☒ Change ☐ Addition
4.2 NAME	LEE PROPST	
4.3 STREET ADDRESS	258 BLOOMFIELD DR	
4.4 CITY-ST-ZIP	WEST PALM BEACH FL 33405	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	BETH KLINE	
5.3 STREET ADDRESS	106 SEA BREEZE CIRCLE	
5.4 CITY-ST-ZIP	JUPITER FL 33477	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EARL RUBIN

3-31-95

Date

407-622-5656

Daytime Phone #