

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF
Sandra B. Morham
Secretary
DIVISION OF CORPORATIONS

CHECK
VOUCHER # 3796 G/L # 5085 AMT. 61.25
VOUCHER # G/L # AMT.
CAM YES NO

DOCUMENT # 741531

(8)

APPROVAL

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1. Corporation Name

OAKBROOK SQUARE MERCHANTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

11594 US HWY ONE
PALM BCH GARDENS FL 33408

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PALM BCH GARDENS FL 33408

3. Date Incorporated or Qualified
02/06/1978

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIBSON, JUDY H
3068 NW 25TH WAY
BOCA RATON FL 33434

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

JUDY H. GIBSON, SECY. TREASURER

Judy H. Gibson, Secy. Treasurer

4/25/96

Signature typed or printed name of registered agent and title if applicable

(Not a Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE MST ☐ DELETE
NAME GIBSON, JUDY H
STREET ADDRESS 3068 NW 25TH WAY
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MACGREGOR, RICHARD S
STREET ADDRESS 5799 MARBLEWOOD COURT
CITY-ST-ZIP JUPITER FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME P
2.3 STREET ADDRESS MACGREGOR, RICHARD S.
2.4 CITY-ST-ZIP 5799 MARBLEWOOD COURT
JUPITER, FL

TITLE P ☐ DELETE
NAME RUBIN, EARL
STREET ADDRESS 1704 17TH COURT
CITY-ST-ZIP JUPITER FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME VP
3.3 STREET ADDRESS TOBACK, HARVEY
3.4 CITY-ST-ZIP 100 HILLREST DRIVE
SEWALL'S POINT, FL

TITLE VP ☐ DELETE
NAME PROPST, LEE
STREET ADDRESS 258 BLOOMFIELD DR
CITY-ST-ZIP WEST PALM BEACH FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME D
4.3 STREET ADDRESS PROPST LEE
4.4 CITY-ST-ZIP 258 BLOOMFIELD DRIVE
WEST PALM BEACH, FL

TITLE D ☐ DELETE
NAME KLINE, BETH
STREET ADDRESS 106 SEA BREEZE CIRCLE
CITY-ST-ZIP JUPITER FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LAZEAU, RENEE
STREET ADDRESS 735 HUMMINGBIRD WAY, 102
CITY-ST-ZIP NORTH PALM BCH FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME D
6.3 STREET ADDRESS VICKI DUNCAN
6.4 CITY-ST-ZIP 18704 91ST PLACE NO.
LOXAHATCHEE, FL

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)(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Date

407-626-0002

Daytime Phone #

CR2E037 (12/95)