

5-19-97

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FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 741531 (8)  
1. Corporation Name  
OAKBROOK SQUARE MERCHANTS ASSOCIATION, INC.Principal Place of Business  
11594 US HWY ONE  
PALM BCH GARDENS FL 33408  
Mailing Address  
11594 US HWY ONE  
PALM BCH GARDENS FL 33408-30193. Date Incorporated or Qualified  
02/06/1978  
3a. Date of Last Report  
05/01/1996  
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 ☐ No2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25 Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

## 9. Name and Address of Current Registered Agent

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

## 10. Name and Address of New Registered Agent

81 Name CYNTHIA L. BRIER  
82 Street Address (P.O. Box Number is Not Acceptable)  
431 JUPITER LAKES BLVD #2105A  
83  
84 City JUPITER FL 85 Zip Code 33458

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 CYNTHIA L. BRIER, SECRETARY/TREASURER  
Signature typed or printed name of registered agent and title if applicable  
Date 5-1-9712. OFFICERS AND DIRECTORS  
TITLE MST  
NAME GIBSON, JUDY H  
STREET ADDRESS 3068 NW 25TH WAY  
CITY-ST-ZIP BOCA RATON FL  
TITLE P  
NAME MACGREGOR, RICHARD S  
STREET ADDRESS 5799 MARBLEWOOD COURT  
CITY-ST-ZIP JUPITER FL  
TITLE VP  
NAME TOBACK, HARVEY  
STREET ADDRESS 100 HILLCREST DRIVE  
CITY-ST-ZIP SEWALL'S POINT FL  
TITLE D  
NAME PROPST, LEE  
STREET ADDRESS 258 BLOOMFIELD DR  
CITY-ST-ZIP WEST PALM BEACH FL  
TITLE D  
NAME KLINE, BETH  
STREET ADDRESS 106 SEA BREEZE CIRCLE  
CITY-ST-ZIP JUPITER FL  
TITLE D  
NAME VICKI DUNCAN  
STREET ADDRESS 18764 91ST PLACE NO.  
CITY-ST-ZIP LOXAHATCHEE FL13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE MST  
1.2 NAME BRIER, CYNTHIA L.  
1.3 STREET ADDRESS 431 JUPITER LAKES BLVD #2105A  
1.4 CITY-ST-ZIP JUPITER, FL 33458  
2.1 TITLE D  
2.2 NAME FINLAYSON, DAN  
2.3 STREET ADDRESS 12288 CHANNEL RD  
2.4 CITY-ST-ZIP NORTH PALM BEACH FL 33408  
3.1 TITLE P  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE D  
4.2 NAME MICKLEY, HELEN  
4.3 STREET ADDRESS 15414 JUPITER FARMS RD  
4.4 CITY-ST-ZIP Jupiter, FL 33478  
5.1 TITLE VP  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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: DAN FINLAYSON 5-1-97 (561) 627-3065  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Daytime Phone # 0040654

CR2E037 (9/96)