

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741531** (8)  
1. Corporation Name  
**OAKBROOK SQUARE MERCHANTS ASSOCIATION, INC.**



Principal Place of Business <b>11594 US HWY ONE PALM BCH GARDENS FL 33408</b>	Mailing Address <b>11594 US HWY ONE PALM BCH GARDENS FL 33408</b>
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3. Date Incorporated or Qualified  
**02/06/1978**

4. FEI Number <b>59-1969819</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**BRIER, CYNTHIA L  
431 JUPITER LAKES BLVD  
#2105A  
JUPITER FL 33458**

10. Name and Address of New Registered Agent

**81 Name Murray, Barbara**  
**82 Street Address (P.O. Box Number is Not Acceptable) 2401 PGA Blvd, Suite 280**  
**83**  
**84 City Palm Beach Gardens FL** **85 Zip Code 33410**

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 *Barbara A. Murray* DATE **6/4/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>MSDT</b>	<input type="checkbox"/> DELETE
NAME	<b>BRIER, CYNTHIA L</b>	
STREET ADDRESS	<b>431 JUPITER LAKES BLVD., 2105A</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FINLAYSON, DAN</b>	
STREET ADDRESS	<b>12288 CHANNERL RD</b>	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>TOBACK, HARVEY</b>	
STREET ADDRESS	<b>100 HILLCREST DRIVE</b>	
CITY-ST-ZIP	<b>SEWALL'S POINT FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MICKLEY, HELEN</b>	
STREET ADDRESS	<b>15414 JUPITER FARMS RD</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KLINE, BETH</b>	
STREET ADDRESS	<b>108 SEA BREEZE CIRCLE</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VICKI DUNCAN</b>	
STREET ADDRESS	<b>18764 91ST PLACE NO.</b>	
CITY-ST-ZIP	<b>LOXAHATCHEE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>MSDT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Murray, Barbara</b>	
1.3 STREET ADDRESS	<b>2401 PGA Blvd, Suite 280</b>	
1.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Probst, Lee</b>	
3.3 STREET ADDRESS	<b>11616 U S One</b>	
3.4 CITY-ST-ZIP	<b>North Palm Beach FL 33408</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Barbara Murray* DATE: **4/30/98 (521)626-3881**

CR2E037 (10/97)