

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>		3. Date Incorporated or Qualified <b>02/06/1978</b>	
				4. FEI Number <b>59-1969819</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State <b>23</b>		City & State <b>28</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BRIER, CYNTHIA L 431 JUPITER LAKES BLVD #2105A JUPITER FL 33458</b>				10. Name and Address of New Registered Agent	
				81 Name <b>Murray, Barbara</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2401 PGA Blvd. Suite 280</b>	
				83	
				84 City <b>Palm Beach Gardens FL</b>	
				85 Zip Code <b>33410</b>	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>MSDT</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>MSDT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BRIER, CYNTHIA L</b>		1.2 NAME <b>Murray, Barbara</b>	
STREET ADDRESS <b>431 JUPITER LAKES BLVD., 2105A</b>		1.3 STREET ADDRESS <b>2401 PGA Blvd, Suite 280</b>	
CITY-ST-ZIP <b>JUPITER FL</b>		1.4 CITY-ST-ZIP <b>Palm Beach Gardens, FL 33410</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FINLAYSON, DAN</b>		2.2 NAME	
STREET ADDRESS <b>12288 CHANNERL RD</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>NORTH PALM BEACH FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TOBACK, HARVEY</b>		3.2 NAME <b>Probst, Lee</b>	
STREET ADDRESS <b>100 HILLCREST DRIVE</b>		3.3 STREET ADDRESS <b>11616 U S One</b>	
CITY-ST-ZIP <b>SEWALL'S POINT FL</b>		3.4 CITY-ST-ZIP <b>North Palm Beach FL 33408</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MICKLEY, HELEN</b>		4.2 NAME	
STREET ADDRESS <b>15414 JUPITER FARMS RD</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>JUPITER FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KLINE, BETH</b>		5.2 NAME	
STREET ADDRESS <b>108 SEA BREEZE CIRCLE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>JUPITER FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VICKI DUNCAN</b>		6.2 NAME	
STREET ADDRESS <b>18764 91ST PLACE NO.</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>LOXAHATCHEE FL</b>		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)(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: Barbara A. Murray

430/98 (521) 626-3881

CR2E037 (10/97)