


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000005103
 1. Entity Name
OAKBROOK COMMUNITIES, INC.



Principal Place of Business Mailing Address
DCI COMMUNITIES, INC. **DCI COMMUNITIES, INC.**
1600 E. MAIN ST, STE B **1600 E. MAIN ST., STE B**
ST. CHARLES, IL 60174 **ST. CHARLES, IL 60174**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
36-3913865 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MCARDLE, EDWARD J
STREET ADDRESS	5101 CAROLINE
CITY - ST - ZIP	HOUSTON, TX
TITLE	SD
NAME	KELLY, THOMAS J
STREET ADDRESS	1600 E MAIN STREET, STE B
CITY - ST - ZIP	SAINT CHARLES, IL 60174
TITLE	PD
NAME	MCARDLE, DAVID
STREET ADDRESS	4051 E MAIN STREET
CITY - ST - ZIP	ST. CHARLES, IL 60174
TITLE	V
NAME	DILLON, RONALD C
STREET ADDRESS	PO BOX 366879
CITY - ST - ZIP	BONITA SPRINGS, FL 34138
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

000000008328
 01/20/04-80053-008 150.00

12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. KELLY 1/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # _____