

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90013 023 ***150.00

DOCUMENT # F93000005103

1. Entity Name
OAKBROOK COMMUNITIES, INC.



Principal Place of Business

**DCI COMMUNITIES, INC.
1600 E. MAIN ST, STE B
ST. CHARLES, IL 60174**

Mailing Address

**DCI COMMUNITIES, INC.
1600 E. MAIN ST., STE B
ST. CHARLES, IL 60174**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242007 Chg-P CR2E034 (12/06)

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**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
NAME **MCARDLE, EDWARD J**
STREET ADDRESS **5311 CAROLINE**
CITY-ST-ZIP **HOUSTON, TX 77004**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **WELTY, RODNEY A Z**
STREET ADDRESS **1600 E MAIN STREET, STE B**
CITY-ST-ZIP **SAINT CHARLES, IL 60174**

TITLE **SD** ☒ Change ☐ Addition
NAME **WELTY, RODNEY A**
STREET ADDRESS **1600 E. MAIN STREET, SUITE B**
CITY-ST-ZIP **ST. CHARLES, IL 60174**

TITLE **PD** ☐ Delete
NAME **MCARDLE, DAVID**
STREET ADDRESS **4051 E MAIN STREET**
CITY-ST-ZIP **ST. CHARLES, IL 60174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **DEWHIRST, NED E**
STREET ADDRESS **PO BOX 366879**
CITY-ST-ZIP **BONITA SPRINGS, FL 34136**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C. P. S. R. WELTY 3-1-07 630 549 3143