2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005103

Address:

City-St-Zip:

PO BOX 366879

BONITA SPRINGS, FL 34136

FILED Apr 07, 2009 Secretary of State

Entity Name: OAKBROOK COMMUNITIES, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
1600 E. MA	IUNITIES, INC NN ST, STE B LES, IL 60174					
Current Mailing Address:				New Mailing Address:		
DCI COMMUNITIES, INC. 1600 E. MAIN ST., STE B ST. CHARLES, IL 60174						
FEI Number:	36-3913865	FEI Number Applied For ()	FEI Num	ber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 US				DEWHIRST, NED E 24880 BURNT PINE DRIVE BUILDING 8 BONITA SPRINGS, FL 34134 US		
The above in the State		submits this statement for the pu	ırpose of	changing its registered o	ffice or registered agent, or both,	
SIGNATURE: NED E. DEWHIRST					04/07/2009	
Electronic Signature of Registered Agent					Date	
Election Carr	npaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V () MCARDLE, EDV 5311 CAROLIN HOUSTON, TX	E		Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	SD () WELTY, RODN 1600 E MAIN S' SAINT CHARLE	TREET, STE B		Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	PD () MCARDLE, DAV 4051 E MAIN S' ST. CHARLES,	TREET		Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name:	V () DEWHIRST, NE	Delete ED E		Title: () Name:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RODNEY A. WELTY SD 04/07/2009