


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90005 020 \*\*\*\*61.25

DOCUMENT # N02000009796	
1. Entity Name OAKBROOKE ESTATES PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 123 NW 13TH STREET SUITE 300 BOCA RATON, FL 33432	Mailing Address 123 NW 13TH STREET SUITE 300 BOCA RATON, FL 33432
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2. Principal Place of Business - No P.O. Box # 6300 Park of Commerce Blvd	3. Mailing Address Same as left
Suite, Apt. #, etc.	Suite, Apt. #, etc.

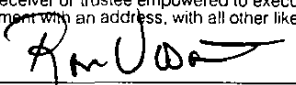
City & State Boca Raton, FL	City & State
Zip 33487	Country
Country	Zip
Country	Country

6. Name and Address of Current Registered Agent ROSS, DEBORAH L ESQ. 759 SOUTH FEDERAL HWY., STE. 212 STUART, FL 34994	
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.	DATE _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATLAS, JEFF 759 S. FEDERAL HWY., STE. 212 STUART, FL 34994 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P William Liebowitz 759 S. Federal Hwy Ste. 212 Stuart, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, LISA 759 S. FEDERAL HWY., STE. 212 STUART, FL 34994 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP John Kalousek 759 S. Federal Hwy Ste. 212 Stuart, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S3 O'LEARY, MICHAEL 759 S. FEDERAL HWY., STE. 212 STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VOSATKA, RON 759 S. FEDERAL HWY., STE. 212 STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDSON, MARC 759 S. FEDERAL HWY., STE. 212 STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:  RON VOSATKA	Date: 3/14/07 Daytime Phone: 561 472 9160 x207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

AS TREASURER FOR OEPRA