2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N02000009796

Entity Name: OAKBROOKE ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487

New Principal Place of Business:

2074 W. INDIANTOWN RD. SUITE 200
JUPITER, FL 33458

Current Mailing Address:

6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487

New Mailing Address:

2074 W. INDIANTOWN RD. SUITE 200
JUPITER, FL 33458

FEI Number: 82-0581897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, DEBORAH L ESQ.
759 SOUTH FEDERAL HWY., STE. 212
STUART, FL 34994 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LIEBOWITZ, WILIAM	
Address:	759 S. FEDERAL HWY., STE. 212	
City-St-Zip:	STUART, FL 34994	
Title:	VP	(X) Delete
Name:	KALOUSEK, JOHN	
Address:	759 S. FEDERAL HWY., STE. 212	
City-St-Zip:	STUART, FL 34994	
Title:	D	(X) Delete
Name:	DANESI, JAMES	
Address:	759 S. FEDERAL HWY, STE. 212	
City-St-Zip:	STUART, FL 34994	
Title:	T	( ) Delete
Name:	VASATKA, RON	
Address:	759 S. FEDERAL HWY., STE. 212	
City-St-Zip:	STUART, FL 34994	
Title:	S	( ) Delete
Name:	HODUM, KAREN	
Address:	759 S. FEDERAL HWY, STE. 212	
City-St-Zip:	STUART, FL 34994	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIDAR JONSSON MNGR 04/01/2009
Electronic Signature of Signing Officer or Director — Date