

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90251 020 \*\*\*\*61.25

<b>DOCUMENT # N04000006456</b> 1. Entity Name <b>OAKBROOK OWNERS GROUP, INC.</b>			
Principal Place of Business <b>1111 N.E. 25TH AVENUE SUITE 102 OCALA, FL 34470</b>		Mailing Address <b>1111 N.E. 25TH AVENUE SUITE 102 OCALA, FL 34470</b>	
2. Principal Place of Business <b>1111 N.E. 25th Avenue</b> Suite, Apt. #, etc. <b>Suite 202</b> City & State <b>Ocala, FL</b> Zip <b>34470</b> Country <b>USA</b>		3. Mailing Address <b>1111 N.E. 25th Avenue</b> Suite, Apt. #, etc. <b>Suite 202</b> City & State <b>Ocala, FL</b> Zip <b>34470</b> Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>PEEK, ALBERT B 1111 N.E. 25TH AVENUE SUITE 102 OCALA, FL 34470</b>		7. Name and Address of New Registered Agent Name <b>Larry M. Wood, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1111 NE 25th Avenue</b> Suite <b>202</b> City <b>Ocala</b> State <b>FL</b> Zip <b>34470</b>	
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 <i>Larry M. Wood</i> DATE <b>1/13/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RA PEEK, ALBERT B 1111 NE 25TH AVE STE 102 OCALA, FL 34470 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	RA Larry M. Wood, CPA 1111 NE 25th Ave, Suite 202 Ocala, FL 34470 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	IN PEEK, ALBERT B 1111 NE 25TH AVE STE 102 OCALA, FL 34470 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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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: <i>Larry M. Wood</i> <b>LARRY M. WOOD</b>		Date <b>1/13/06</b> Daytime Phone # <b>352-732-3828</b>	