

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006456

FILED  
Jul 06, 2009  
Secretary of State

Entity Name: OAKBROOK OWNERS GROUP, INC.

## Current Principal Place of Business:

1111 N.E. 25TH AVENUE  
SUITE 202  
OCALA, FL 34470

## New Principal Place of Business:

## Current Mailing Address:

1111 N.E. 25TH AVENUE  
SUITE 202  
OCALA, FL 34470

## New Mailing Address:

FEI Number: 59-2338982      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

WOOD, LARRY M CPA  
1111 N.E. 25TH AVENUE  
SUITE 102  
OCALA, FL 34470 US

## Name and Address of New Registered Agent:

ELLSPERMANN, CARL W CPA  
1111 N.E. 25TH AVENUE  
SUITE 202  
OCALA, FL 34470 US

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: CARL ELLSPERMANN

07/06/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: RA      ( ) Delete  
Name: ELLSPERMANN, CARL CPA  
Address: 1111 NE 25TH AVE STE 202  
City-St-Zip: Ocala, FL 34470

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CARL ELLSPERMANN

CPA

07/06/2009

Electronic Signature of Signing Officer or Director

Date