


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N04638
 1. Entity Name
OAK BROOK PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 3950 3RD ST N 490 COFFEE POT RIVIERA
 ST PETERSBURG, FL 33703 ST. PETERSBURG, FL 33704

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02072005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-2432457 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STOVALL, JANE HARVEY
490 COFFEE POT RIVIERA N.E.
ST. PETERSBURG, FL 33704

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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: *Jane Harvey Stovall* 3/25/05 DATE

Signature, typed or printed name of registered agent, and file if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STOVALL, JANE HARVEY 490 COFFEE POT RIVIERA ST. PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARVEY, DANIEL M JR P.O. BOX 7978 ST. PETERSBURG, FL 337347978
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOVALL, GEORGE 490 COFFEE POT RIVIERA ST. PETERSBURG, FL 33704
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jane Harvey Stovall* 3/25/05 727 896-4663 DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR