


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04638</b> 1. Entity Name OAK BROOK PLACE CONDOMINIUM ASSOCIATION, INC.	
---	---

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



01312007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2432457	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000619258  
02/08/07-80064-006 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Jane Harvey Stovall **Jane Harvey Stovall** 1/31/07 727 896 4663  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #