2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State
03-15-2007 90017 040 ****70.00

DOCUMENT # N10888

1. Entity Name
OAKBROOK VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2701 NE 10TH ST BOX 905 OCALA, FL 34470 US	2701 NE 10TH ST BOX 905 OCALA, FL 34470 US

4003550J

03012007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2604554 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VERGNE, AMADO V V.P. 2701 NE 10TH ST 407 OCALA, FL 34470	Name: CONNIE CHILLEMI Street Address (P.O. Box Number is Not Acceptable): 2701 N.E. 10TH ST., #705 City: OCALA FL Zip Code: 34470

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 Connie Chillemi, CONNIE CHILLEMI 3/14/2007
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RODRIGUEZ, ANIBAL 2701 NE 10TH ST #209 OCALA, FL 34470	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PRESTON, THOMAS F. 2701 N.E. 10TH ST., #601 OCALA, FL. 34470	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT VERGNE, AMADO V 2701 NE 10TH ST #407 OCALA, FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP PORTEE, MARJORIE 2701 N.E. 10TH ST., #404 OCALA, FL. 34470	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS RUBIN, DOROTHY 2701 N.E. 10TH STREET, #606 OCALA, FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS CARMAN, WILMA N. 2701 N.E. 10TH ST. #802 OCALA, FL. 34470	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS TOBUL, CAROLE 2701 N.E. 10TH STREET, #801 OCALA, FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CHILLEMI, CONNIE 2701 N.E. 10TH ST., #705 OCALA, FL. 34470	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAKE, BRIAN 2701 N.E. 10TH STREET #702 OCALA, FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLYNN, MIKE 2701 N.E. 10TH ST., #803 OCALA, FL. 34470	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OPPLIGER, RON 2701 N.E. 10TH ST., #204 OCALA, FL. 34470	☐ Change ☐ Addition

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: Connie Chillemi 3/14/2007 352-351-3294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #