

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27288

FILED
Feb 06, 2009
Secretary of State

Entity Name: OAKBROOK PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3290 KINGS ROAD SOUTH
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1647
ST AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 59-2943057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALER, RICHARD L JR
864 WHITE EAGLE CIRCLE
SAINT AUGUSTINE, FL 320865041 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: HELD, LORI
Address: 5005 DONALD ST
City-St-Zip: HASTINGS, FL 32145

Title: DST () Delete
Name: HELD, RYAN
Address: 805 BRANDY WINE CT
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: DP () Delete
Name: HELD, MICHAEL
Address: 756 OCEAN PALM WAY
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: RYAN, PAUL
Address: 3445 KINGS RD S
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: DIVICO, GREGORY
Address: 3313 KINGS RD S
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL HELD

DP

02/06/2009

Electronic Signature of Signing Officer or Director

Date