2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42101

FILED Jan 09, 2009 Secretary of State

Entity Name: OAKBROOKE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	KBROOK DR HILLS, FL 33540	US			
Current N	lailing Address:		New Maili	ng Address:	
	KBROOK DR HILLS, FL 33540	US			
FEI Number: F		El Number Applied For()	El Number Not Applicable (X) Certificate of Status Desired ()		
lame and	d Address of Curi	rent Registered Agent:	Name and	Address of New Registered Agent:	
ZEPHRYH	ÓK ESTATES HILLS, FL 33540	US	rnoso of changing i	its registered office or registered agent, or both,	
	e of Florida.	mits this statement for the pur	pose of changing i	is registered office of registered agent, or both,	
SIGNATU		Diametric of Desistered Associ		Dete	
Electronic Signature of Registered Agent				Date	
OFFICER	S AND DIRECTO	RS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR	
itle: lame: ddress: city-St-Zip:	PSD () Del BARNETT, DALE OAKBROOK ESTAT ZEPHYRHILLS, FL	ΓES	Title: Name: Address: City-St-Zip:	()Change ()Addition	
itle: lame: .ddress:	D () Del HEYL, FRED 7578 OAKBROOK I	OR	Title: Name: Address: City-St-Zip:	() Change () Addition	
city-St-Zip:	ZEPHRYHILLS, FL	33340	•		
	D () Del KENNER, RICHARE 7544 OAKBROOK I ZEPHYRHILLS, FL	lete O DR	Title: Name: Address: City-St-Zip:	D (X) Change () Addition GRIFFIN, THOMAS 7544 OAKBROOK DR ZEPHYRHILLS, FL 33540	
ity-St-Zip: itle: lame: ddress:	D () Del KENNER, RICHARE 7544 OAKBROOK I	lete D DR 33540 lete JR. DR	Title: Name: Address:	GRIFFIN, THOMAS 7544 OAKBROOK DR	
itty-St-Zip: ittle: ame: ddress: itty-St-Zip: ittle: ame: ddress:	D () Del KENNER, RICHARE 7544 OAKBROOK I ZEPHYRHILLS, FL D () Del GENNARO, CARL 7550 OAKBROOK I	lete D DR 33540 lete JR. DR 33540 lete	Title: Name: Address: City-St-Zip: Title: Name: Address:	GRIFFIN, THOMAS 7544 OAKBROOK DR ZEPHYRHILLS, FL 33540	

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: DAVID T STUTTS DT 01/09/2009