

Certified Mail # 7003 0500 0063 7632 1

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90728 028 ****61.25

DOCUMENT # N46839 1. Entity Name OAKBROOKE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 9115 58TH DR. E STE. A BRADENTON, FL 34202 US			Mailing Address 9115 58TH DR. E STE. A BRADENTON, FL 34202 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0385476	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LECKEY, PHILLIP 9115 58TH DR. E. STE B BRADENTON, FL 34202				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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)					
Filing Fee is \$61.25 Due by May 1, 2004		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	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LECKEY, PHILLIP D		NAME		
STREET ADDRESS	9115 58TH DR. E. STE. B		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SANDERS, LINDA K		NAME		
STREET ADDRESS	9115 58TH DR. E. STE B		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL		CITY-ST-ZIP		
TITLE	DST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PATRICK, CHRISTINA		NAME		
STREET ADDRESS	9115 58TH DR E STE A		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Linda K. Sanders</i> YP SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/27/04		Daytime Phone # 941-753-7851