2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#727703

FILED Apr 26, 2005 Secretary of State

Entity Name: OAKBROOK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 8200 S.W. 24TH STREET N. LAUDERDALE, FL 33068 **Current Mailing Address: New Mailing Address:** 8200 S.W. 24TH STREET N. LAUDERDALE, FL 33068 FEI Number: 59-1575932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILES, JAMES R CONSOLIDATED COMMUNITY MNGMT., INC. 10034 W. MCNAB ROAD TAMARAC, FL 33321 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WEINTRAUB, ADRIENNE Name: Name: 2300 S.W. 81 TERRACE Address: Address: City-St-Zip: NORTH LAUDERDALE, FL City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition KAUFMAN, ESTHER Name: RETZKIN, LOUIS Name: Address: 8280 S.W. 24TH ST., APT, 112 Address: 8280 S.W. 24TH ST., APT, 311 City-St-Zip: N. LAUDERDALE, FL City-St-Zip: N. LAUDERDALE, FL Title: () Delete Title: (X) Change () Addition FRIEDLAND, GEORGE SILVERMAN, JERRY Name: Name: 8140 S.W. 24 ST. APT. 305 8140 S.W. 24 ST. APT. 4 Address: Address: City-St-Zip: N. LAUDERDALE, FL City-St-Zip: N. LAUDERDALE, FL Title: PD () Delete Title: () Change () Addition Name: PENEDO, BARBARA Name: Address: 8100 S.W. 24 ST #314 Address: City-St-Zip: N. LAUDERDALE, FL City-St-Zip: Title: (X) Delete Title: () Change () Addition SILVERMAN, JERRY Name: Name: 2329 S.W. 81 TERRACE #4 Address: Address: City-St-Zip: N. LAUDERDALE, FL 33068 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA PENEDO PD 04/26/2005