


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90013 049 \*\*\*\*61.25

|  |                              |  |   |   |   |
|--|------------------------------|--|---|---|---|
| <b>DOCUMENT # 727703</b>   |                              |  |   |  |   |
| 1. Entity Name<br>OAKBROOK CONDOMINIUM ASSOCIATION, INC.   |                              |  |   |   |   |
| Principal Place of Business<br>8200 S.W. 24TH STREET<br>N. LAUDERDALE, FL 33068  |                              |  | Mailing Address<br>8200 S.W. 24TH STREET<br>N. LAUDERDALE, FL 33068 |   |   |
| 2. Principal Place of Business   |                              |  | 3. Mailing Address  |   |   |
| Suite, Apt. #, etc.  |                              |  | Suite, Apt. #, etc.   |   |   |
| City & State   |                              |  | City & State  |   |   |
| Zip  |                              | Country  | Zip   |   | Country   |
| 6. Name and Address of Current Registered Agent  |                              |  |   | 7. Name and Address of New Registered Agent                                       |   |
| MILES, JAMES R<br>CONSOLIDATED COMMUNITY MNGMT., INC.<br>10034 W. MCNAB ROAD<br>TAMARAC, FL 33321  |                              |  |   | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                              |  |   |   |   |
| <b>Filing Fee is \$61.25 Due by May 1, 2006</b>  |                              | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | \$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  | SD                           | <input type="checkbox"/> Delete  |   | TITLE   | P.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | WEINTRAUB, ADRIENNE          |  |   | NAME  | FRIEDLAND, GEORGE   |
| STREET ADDRESS   | 2300 S.W. 81 TERRACE         |  |   | STREET ADDRESS  |   |
| CITY-ST-ZIP  | NORTH LAUDERDALE, FL         |  |   | CITY-ST-ZIP   |   |
| TITLE  | VPD                          | <input checked="" type="checkbox"/> Delete                                       |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| NAME   | RETZKIN, LOUIS               |  |   | NAME  |   |
| STREET ADDRESS   | 8280 S.W. 24TH ST., APT. 311 |  |   | STREET ADDRESS  |   |
| CITY-ST-ZIP  | N. LAUDERDALE, FL            |  |   | CITY-ST-ZIP   |   |
| TITLE  | TD                           | <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| NAME   | SILVERMAN, JERRY             |  |   | NAME  |   |
| STREET ADDRESS   | 8140 S.W. 24 ST. APT. 4      |  |   | STREET ADDRESS  |   |
| CITY-ST-ZIP  | N. LAUDERDALE, FL            |  |   | CITY-ST-ZIP   |   |
| TITLE  | <del>VPD</del>               | <input type="checkbox"/> Delete  |   | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| NAME   | PENEDO, BARBARA              |  |   | NAME  |   |
| STREET ADDRESS   | 8100 S.W. 24 ST #314         |  |   | STREET ADDRESS  |   |
| CITY-ST-ZIP  | N. LAUDERDALE, FL            |  |   | CITY-ST-ZIP   |   |
| TITLE  |                              | <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| NAME   |                              |  |   | NAME  |   |
| STREET ADDRESS   |                              |  |   | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                              |  |   | CITY-ST-ZIP   |   |
| TITLE  |                              | <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Jerry Silverman</i>  |                              | Treas.   |   | 954-722-0200  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                              | Date   |   | Daytime Phone #   |   |

50001802



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4. FEI Number 59-1575932 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

FL Zip Code

**Filing Fee is \$61.25 Due by May 1, 2006**

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

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| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |

|                |                   |  |
|----------------|-------------------|--|
| TITLE          | P.D.              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | FRIEDLAND, GEORGE |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
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| CITY-ST-ZIP    |                   |  |

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SIGNATURE: *Jerry Silverman* Date: \_\_\_\_\_ Daytime Phone #: 954-722-0200