

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 19, 2007 8:00 am
Secretary of State

01-30-2007 90013 034 ****61.25

DOCUMENT # 727703			
1. Entity Name OAKBROOK CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 8200 S.W. 24TH STREET N. LAUDERDALE FL 33068		Mailing Address 8200 S.W. 24TH STREET N. LAUDERDALE FL 33068	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1575932		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILES, JAMES R CONSOLIDATED COMMUNITY MNGMT., INC. 10034 W. MCNAB ROAD TAMARAC FL 33321		7. Name and Address of New Registered Agent Name David Schottanfeld PA Street Address (P.O. Box Number is Not Acceptable) 7520 NW 5th Street Suite - 203 City Plantation FL Zip Code 33301	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title (individual) (NOTE: Registered Agents cannot be removed when removing) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 NAME STREET ADDRESS CITY ST ZIP	PD FRIEDLAND, GEORGE 2300 S.W. 81 TERRACE 8140 SW 24 ST. NORTH LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	TD SILVERMAN, JERRY 8140 S.W. 24 ST. APT. 1 2329 SW 81 TERR. N. LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD PENEDO, BARBARA 8100 S.W. 24 ST #314 N. LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Frederick P. Neutraf</i>		Pres. 2/15/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	