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May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727703 (1)
1. Corporation Name
OAKBROOK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
8200 S.W. 24TH STREET 8200 S.W. 24TH STREET
N. LAUDERDALE FL 33068 N. LAUDERDALE FL 33068-5105

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 10/09/1973 3a. Date of Last Report 04/08/1996
4. FEI Number 59-1575932 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SCHWARTZ, MORRIS
8240 S.W. 24TH STREET
BLD. #5-105
NORTH LAUDERDALE FL 33068

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, MORRIS	1.2 NAME	
STREET ADDRESS	8240 S.W. 24 ST., APT. 105	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGAL, MILTON	2.2 NAME	
STREET ADDRESS	8220 SW 24TH STREET APT 214	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEEB, NORMAN	3.2 NAME	RETZKIN, LOUIS
STREET ADDRESS	8280 S.W. 24 ST. APT. 303	3.3 STREET ADDRESS	8260 S.W. 24 ST. APT. 311
CITY-ST-ZIP	N. LAUDERDALE FL 33068	3.4 CITY-ST-ZIP	N. LAUDERDALE, FL 33068
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDLAND, GEORGE	4.2 NAME	
STREET ADDRESS	8140 S.W. 24 ST. APT. 305	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, BERNICE	5.2 NAME	
STREET ADDRESS	8280 S.W. 24 ST. APT. 301	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATCHEN, SHIRLEY	6.2 NAME	
STREET ADDRESS	8240 S.W. 24 ST. APT. 314	6.3 STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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, trustee or empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed or on a new address.

SIGNATURE: MORRIS SCHWARTZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/24/97 Daytime Phone # 954-973-1311

CR2E037 (9/96)