

FILE NOW: FILING FEE IS \$61.25

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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727703** (1)
1. Corporation 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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/09/1973
4. FEI Number 59-1575932
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SCHWARTZ, MORRIS 8240 S.W. 24TH STREET BLD. #5-105 NORTH LAUDERDALE FL 33068
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10. Name and Address of New Registered Agent 81 Name MORRIS SCHWARTZ 82 Street Address (P.O. Box Number is Not Acceptable) 8240 S.W. 24TH ST. APT. 105 83 City N. LAUD. FL. 33068 84 Zip Code FL 33068
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SCHWARTZ, MORRIS
STREET ADDRESS	8240 S.W. 24 ST., APT. 105
CITY-ST-ZIP	N. LAUDERDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SEGAL, MILTON
STREET ADDRESS	8220 SW 24TH STREET APT 214
CITY-ST-ZIP	NORTH LAUDERDALE FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	RETZKIN, LOUIS
STREET ADDRESS	8280 SW 24 ST APT 311
CITY-ST-ZIP	N. LAUDERDALE FL
TITLE	VTD <input type="checkbox"/> DELETE
NAME	FRIEDLAND, GEORGE
STREET ADDRESS	8140 S.W. 24 ST. APT. 305
CITY-ST-ZIP	N. LAUDERDALE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	GOODMAN, BERNICE
STREET ADDRESS	8280 S.W. 24 ST. APT. 301
CITY-ST-ZIP	N. LAUDERDALE FL 33068
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PATCHEN, SHIRLEY
STREET ADDRESS	8240 S.W. 24 ST. APT. 314
CITY-ST-ZIP	N. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEEB, NORMAN
1.3 STREET ADDRESS	8280 S.W. 24 ST., APT.303
1.4 CITY-ST-ZIP	N. LAUDERDALE, FL
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	COOPER, JACK
2.3 STREET ADDRESS	8100 S.W. 24 ST., APT.311
2.4 CITY-ST-ZIP	N. LAUDERDALE, FL
3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KAUFMAN, ESTHER
3.3 STREET ADDRESS	8280 S.W. 24 ST., APT.112
3.4 CITY-ST-ZIP	N. LAUDERDALE, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

3/6/98

954-722-0410

CP2E037 (10/97)