

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90288 044 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 727703

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
--	--



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	3. Date Incorporated or Qualified 10/09/1973	4. FEI Number 59-1575932 Applied For Not Applicable	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
---	--	---	--	--	---

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 **EDWARD R. BERKHEIMER**
 82 Street Address (P.O. Box Number is Not Acceptable) **6047 KIMBERLY BLVD.**
 83 **SUITE N**
 84 City **N. LAUDERDALE** **FL** 85 Zip Code **33068**

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 *Edward R. Berkheimer* **Edward R. Berkheimer** DATE **4-29-99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
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	COOPER, JACK	
STREET ADDRESS	8100 S.W. 24TH ST., APT. 311	
CITY-ST-ZIP	NORTH LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KAUFMAN, ESTHER	
STREET ADDRESS	8280 S.W. 24TH ST., APT. 112	
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	TD	<input type="checkbox"/> DELETE
NAME	LEEB, NORMAN	
STREET ADDRESS	8280 S.W. 24TH STREET, APT. 303	
CITY-ST-ZIP	N. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KRATE, GENE	
1.3 STREET ADDRESS	2333 SW 81 TERR.	
1.4 CITY-ST-ZIP	N LAUDERDALE FL 33068	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SEGAL, MILTON	
2.3 STREET ADDRESS	8220 SW 24 ST	
2.4 CITY-ST-ZIP	N. LAUDERDALE FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T/D	<input checked="" 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)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 429199 727-0410

Signature and typed or printed name of signing officer or director. Date Daytime Phone #

0026741
CR2E037 (1/98)