

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 22, 2004
Secretary of State**

DOCUMENT# N00504

Entity Name: OAKBROOK CONDOMINIUM ASSOCIATION OF CLEARWATER, INC.

Current Principal Place of Business:

2225 NURSERY RD.
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

2225 NURSERY RD.
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 11-2854658 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURSIK, PETER D
526 CENTRAL AVENUE
SUITE 200
SAINT PETERSBURG, FL 33701

Name and Address of New Registered Agent:

BURSIK, PETER D
111-2ND AVENUE NE
SUITE 920
SAINT PETERSBURG, FL 33701

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.

SIGNATURE: _____ 04/22/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: SCHROEDER, STEVEN
Address: 2236 W. FIRST #140
City-St-Zip: LOVELAND, CO 80537

Title: VD () Delete
Name: BURSIK, PETER D
Address: 526 CENTRAL AVENUE - SUITE 200
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: ST () Delete
Name: CONNOLLY, MAUREEN
Address: 526 CENTRAL AVENUE - SUITE 200
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BURSIK, PETER D
Address: 111-2ND AVENUE, NE
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: ST (X) Change () Addition
Name: CONNOLLY, MAUREEN E
Address: 2225 NURSERY ROAD
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN E CONNOLLY SD 04/22/2004
Electronic Signature of Signing Officer or Director Date