


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00504**  
 1. Entity Name  
**OAKBROOK CONDOMINIUM ASSOCIATION OF CLEARWATER, INC.**



Principal Place of Business  
 2225 NURSERY RD.  
 CLEARWATER, FL 33764

Mailing Address  
 2225 NURSERY RD.  
 CLEARWATER, FL 33764

**DO NOT WRITE IN THIS SPACE**



02182005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 11-2854658

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BURSİK, PETER D  
 111-2ND AVENUE NE  
 SUITE 920  
 SAINT PETERSBURG, FL 33701

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

000000257022  
 03/09/05-80038-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDSO SCHROEDER, STEVEN 2236 W. FIRST #140 LOVELAND, CO 80537
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURSİK, PETER D 111-2ND AVENUE, NE SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CONNOLLY, MAUREEN E 2225 NURSERY ROAD CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 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: Maureen E Connolly 2/28/05 727-532-9003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #