

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00504

FILED  
Feb 15, 2006  
Secretary of State

Entity Name: OAKBROOK CONDOMINIUM ASSOCIATION OF CLEARWATER, INC.

**Current Principal Place of Business:**

2225 NURSERY RD.  
CLEARWATER, FL 33764

**New Principal Place of Business:**

2225 NURSERY RD.  
LEASING CENTER  
CLEARWATER, FL 33764

**Current Mailing Address:**

2225 NURSERY RD.  
CLEARWATER, FL 33764

**New Mailing Address:**

2225 NURSERY RD.  
LEASING CENTER  
CLEARWATER, FL 33764

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  
111-2ND AVENUE NE  
SUITE 920  
SAINT PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: 111-2ND AVENUE, NE  
City-St-Zip: SAINT PETERSBURG, FL 33701

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDS (X) Change ( ) Addition  
Name: SCHROEDER, STEVEN  
Address: ONE ASPEN DRIVE #85  
City-St-Zip: LOVELAND, CO 80538

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 CONNOLLY

SEC

02/15/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date