

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00504

FILED  
Mar 23, 2012  
Secretary of State

**Entity Name:** OAKBROOK CONDOMINIUM ASSOCIATION OF CLEARWATER, INC.

**Current Principal Place of Business:**

2225 NURSERY RD.  
LEASING CENTER  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

2225 NURSERY RD.  
LEASING CENTER  
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:**

MIKOLAJCZYK, KIM C  
2225 NURSERY ROAD  
LEASING OFFICE  
CLEARWATER, FL 33764 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  
Name: SCHROEDER, STEVEN A  
Address: 2225 NURSERY ROAD  
City-St-Zip: CLEARWATER, FL 33764

Title: VD  
Name: MIKOLAJCZYK, KIM C  
Address: 2225 NURSERY ROAD  
City-St-Zip: CLEARWATER, FL 33764

Title: ST  
Name: SIMMONS, AMY  
Address: 2225 NURSERY ROAD  
City-St-Zip: CLEARWATER, FL 33764

I hereby 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 all other like empowered.

SIGNATURE: STEVEN A SCHROEDER

PDS

03/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date