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: DAVID K GREIDER

Electronic Signature of Signing Officer/Director Detail

2225 NURSERY RD LEASING CENTER	
CLEARWATER FL 33764	

ctor Detail :		
PDSD	Title	VP
GREIDER, DAVID K	Name	SMITH, WILLIAM T
C/O KIMBALL KEY, LLC	Address	2225 NURSERY RD

City-State-Zip:

# SIGNATURE: JERILYN H REED

REED. JERILYN H HILL WARD HENDERSON 101 E KENNEDY BLVD, STE 3700 TAMPA, FL 33602 US 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.

Electronic Signature of Registered Agent

Name and Address of Current Registered Agent:

2225 NURSERY RD. CLEARWATER, FL 33764

DOCUMENT# N00504

### **Current Mailing Address:**

C/O KIMBALL KEY, LLC TAMPA, FL 33622 US

## FEI Number: 11-2854658

**Officer/Director Detail :** 

ST

PO BOX 21051

TAMPA FL 33622

AUGE. MELISSA

Title

Title

Name

Address

City-State-Zip:

Name

Address

City-State-Zip:

# PO BOX 21051

Entity Name: OAKBROOK CONDOMINIUM ASSOCIATION OF CLEARWATER, INC.

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT** 

# Current Principal Place of Business:

### FILED Jun 30, 2020 Secretary of State 7500563648CC

Certificate of Status Desired: No

LEASING CENTER

PRESIDENT

CLEARWATER FL 33764

06/30/2020

06/30/2020 Date