

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90056 012 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-2P | PDSD SCHROEDER, STEVEN 2236 W. FIRST #140 LOVELAND, CO 80537 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-2P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-2P | VD BURSIK, PETER D 526 CENTRAL AVENUE - SUITE 200 SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-2P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-2P | ST. CONNOLLY, MAUREEN 626 CENTRAL AVENUE - SUITE 200 SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-2P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-2P | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-2P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(f), 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:  **2/28/03 727-823-1230**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **XZ 33**

CR2E037 (10/02)