2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State
01-17-2006 90251 020 ****61.25

DOCUMENT # N04000006456

1. Entity Name
OAKBROOK OWNERS GROUP, INC.

Principal Place of Business	Mailing Address
1111 N.E. 25TH AVENUE SUITE 102 OCALA, FL 34470	1111 N.E. 25TH AVENUE SUITE 102 OCALA, FL 34470

01132006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
1111 N E. 25th Avenue	1111 N.E. 25th Avenue
Suite, Apt. #, etc. Suite 202	Suite, Apt. #, etc. Suite 202
City & State Ocala, FL	City & State Ocala, FL
Zip 34470 Country USA	Zip 34470 Country USA

4. FEI Number 59-2338982 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEEK, ALBERT B
1111 N.E. 25TH AVENUE
SUITE 102
OCALA, FL 34470

7. Name and Address of New Registered Agent

Name Larry M. Wood, CPA
Street Address (P.O. Box Number is Not Acceptable) 1111 NE 25th Avenue
Suite 202
City Ocala FL Zip Code 34470

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 Larry M. Wood 1/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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-ZIP	RA PEEK, ALBERT B 1111 NE 25TH AVE STE 102 OCALA, FL 34470	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA Larry M. Wood, CPA 1111 NE 25th Ave, Suite 202 Ocala, FL 34470	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN PEEK, ABLERT B 1111 NE 25TH AVE STE 102 OCALA, FL 34470	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Larry M. Wood LARRY M. WOOD 1/17/06 352-732-3828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #