

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012982

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: OAKBROOK COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

882 JACKSON AVE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

882 JACKSON AVE  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 20-4208981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JORDAN, BRETT M  
882 JACKSON AVE  
WINTER PARK, FL 32789 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: DP ( ) Delete  
Name: ASHY, MARY  
Address: 2293 W. EAU GALLIE BLVD.  
City-St-Zip: MELBOURNE, FL 32395

Title: DST ( ) Delete  
Name: FRANZ, TOM  
Address: 2293 W. EAU GALLIE BLVD.  
City-St-Zip: MELBOURNE, FL 32395

Title: DVP ( ) Delete  
Name: GLUCKMAN, NICOLAS  
Address: 825 CORAL RIDGE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

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

Title: DP (X) Change ( ) Addition  
Name: CATROPA, ANDREW  
Address: 1801 PENN ST. SUITE 1A  
City-St-Zip: MELBOURNE, FL 32901

Title: DST (X) Change ( ) Addition  
Name: FRANZ, TOM  
Address: 1801 PENN STREET SUITE 1A  
City-St-Zip: MELBOURNE, FL 32901

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

I hereby certify that the information supplied with this filing does not qualify 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: ANDREW CATROPA

PD

02/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date