

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
 AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

MEMBER OF  
**CORPORATION**  
**ANNUAL REPORT**  
**1995**



FLORIDA DEPARTMENT OF STATE  
 Leslie B. Morhart  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JUN 21 AM 10:01

**DOCUMENT # N10888 (8)**

1. Corporation Name  
**OAKBROOK VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business		Mailing Address	
2701 N.E. 10TH STREET #802 <del>BOX 7001</del> OCALA FL 34470 US		2701 N.E. 10TH STREET #802 <del>BOX 7001</del> OCALA FL 34470 US	
2. Principal Place of Business	2a. Mailing Address	21	26
2701 NE 10TH Street	1655 SW 5TH Ave.		
22	27	23	28
City & State	City & State	Ocala, FL 34470	Ocala, FL 34474-3250
24	25	29	30
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/28/1985	03/21/1994
4. FEI Number	Applied For Not Applicable
59-2604554	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> <b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NANRY, GEORGE 2701 NE 10TH STREET SUITE 302 OCALA FL 34470				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANRY, GEORGE	12 NAME	
STREET ADDRESS	2701 NE 10TH STREET, SUITE 302	13 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	14 CITY - ST - ZIP	
TITLE	V	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDEMI, NICK	22 NAME	D
STREET ADDRESS	2701 N.E. 10TH ST. #705	23 STREET ADDRESS	EVERETT C. OBENHEIN, JR.
CITY - ST - ZIP	OCALA FL	24 CITY - ST - ZIP	2701 N.E. 10TH ST., #506
TITLE	<del>30</del>	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>COLLINS, BETTY</del>	32 NAME	D
STREET ADDRESS	<del>2701 N.E. 10TH ST. #803</del>	33 STREET ADDRESS	ROBERT RAINES
CITY - ST - ZIP	<del>OCALA FL</del>	34 CITY - ST - ZIP	2701 N.E. 10TH ST., #701
TITLE	7B	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHATTO, TERRY	42 NAME	
STREET ADDRESS	2701 NE 10TH ST., SUITE 103	43 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNECHT, CHARLES	52 NAME	TD
STREET ADDRESS	2701 NE 10TH ST., SUITE 702	53 STREET ADDRESS	CHARLES KNECHT
CITY - ST - ZIP	OCALA FL	54 CITY - ST - ZIP	2701 N.E. 10TH ST., #702
TITLE	D	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANZO, PATRICIA	62 NAME	VD
STREET ADDRESS	2701 NE 10TH ST., SUITE 203	63 STREET ADDRESS	PATRICIA MANZO
CITY - ST - ZIP	OCALA FL	64 CITY - ST - ZIP	9735-B SW 92ND COURT
			OCALA FL 34491

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Everett C. Obenheim - Director Date: 6-15-95 Daytime Phone #: 620-9297

CR2E037 (3/95)