

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90510 042 \*\*\*\*61.25

**DOCUMENT # N10888**  
1. Entity Name  
**OAKBROOK VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**2701 NE 10TH ST  
BOX 905  
OCALA FL 34470  
US**

Mailing Address  
**2701 NE 10TH ST  
BOX 905  
OCALA FL 34470  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  
**RUBIN, DOROTHY  
2701 NE 10TH ST #606  
OCALA FL 34470**

4. FEI Number  
**59-2604554**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
Name  
**FRANK FROST**  
Street Address (P.O. Box Number is Not Acceptable)  
**2701 NE 10 ST., UNIT #203**  
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 *Frank Frost, Treas.* DATE **4/20/04**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

TITLE NAME DV RIERSON, JAN	<input type="checkbox"/> Delete
STREET ADDRESS 2701 NE 10TH ST #205	
CITY-ST-ZIP OCALA FL 34470	
TITLE NAME DP HENRY, DON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2701 N.E. 10TH STREET, #305	
CITY-ST-ZIP OCALA FL 34470	
TITLE NAME DT RUBIN, DOROTHY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2701 N.E. 10TH STREET, #606	
CITY-ST-ZIP OCALA FL 34470	
TITLE NAME DS TOBUL, CAROLE	<input type="checkbox"/> Delete
STREET ADDRESS 2701 N.E. 10TH STREET, #801	
CITY-ST-ZIP OCALA FL 34470	
TITLE NAME D SYDNEY, JOYCE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2701 N.E. 10TH STREET	
CITY-ST-ZIP OCALA FL 34470	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME DP ANIBAL RODRIGUEZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2701 NE 10 ST. UNIT #209	
CITY-ST-ZIP OCALA, FL 34470	
TITLE NAME DT FRANK FROST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2701 NE 10 ST., UNIT 203	
CITY-ST-ZIP OCALA, FL., 34470	
TITLE NAME DS DOROTHY RUBIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2701 NE 10 ST., UNIT #606	
CITY-ST-ZIP OCALA, FL 34470	
TITLE NAME D LASCA NICHOLL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2701 NE 10 ST. UNIT #304	
CITY-ST-ZIP OCALA, FL 34470	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Frank Frost, Treas.* DATE: **4/20/04** DAYTIME PHONE #: **352-895-8333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR