


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90017 040 ****70.00

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

40035300



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State
 Zip Country

03012007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2604554

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
VERGNE, AMADO V V.P.
 2701 NE 10TH ST 407
 OCALA, FL 34470

7. Name and Address of New Registered Agent
 Name
CONNIE CHILLEMI
 Street Address (P.O. Box Number is Not Acceptable)
2701 N.E. 10TH ST., #705
 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 Connie Chillemi, CONNIE CHILLEMI DATE 3/14/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25 Due by May 1, 2007**

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	DP RODRIGUEZ, ANIBAL 2701 NE 10TH ST #209 OCALA, FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRESTON, THOMAS F. 2701 N.E. 10TH ST., #601 OCALA, FL. 34470 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VERGNE, AMADO V 2701 NE 10TH ST #407 OCALA, FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PORTEE, MARJORIE 2701 N.E. 10TH ST., #404 OCALA, FL. 34470 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RUBIN, DOROTHY 2701 N.E. 10TH STREET, #806 OCALA, FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARMAN, WILMA N. 2701 N.E. 10TH ST., #802 OCALA, FL. 34470 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TOBUL, CAROLE 2701 N.E. 10TH STREET, #801 OCALA, FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHILLEMI, CONNIE 2701 N.E. 10TH ST., #705 OCALA, FL. 34470 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAKE, BRIAN 2701 N.E. 10TH STREET #702 OCALA, FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, MIKE 2701 N.E. 10TH ST., #803 OCALA, FL. 34470 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OPPLIGER, RON 2701 N.E. 10TH ST., #204 OCALA, FL. 34470 <input type="checkbox"/> Change <input type="checkbox"/> 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: Connie Chillemi DATE 3/14/2007 DAYTIME PHONE # 352-351-3294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR