

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N10888** (8)

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



Principal Place of Business: 2701 NE 10TH ST, BOX 1001, Ocala FL 34470 US  
Mailing Address: 1655 SW 5TH AVE, BOX 1001, Ocala FL 34474-3250 US

3. Date Incorporated or Qualified: 08/28/1985  
3a. Date of Last Report: 06/21/1995

2. Principal Place of Business 21 2701 N.E. 10th Street Suite, Apt. #, etc. 22 City & State 23 Ocala, Florida Zip 24 34470 Country 25 USA	2a. Mailing Address 26 1655 S.W. 5th Avenue Suite, Apt. #, etc. 27 City & State 28 Ocala, Florida Zip 29 34474-3250 Country 30 USA	4. FEI Number 59-2604554 Applied For Not Applicable	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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**NANRY, GEORGE**  
2701 NE 10TH STREET  
SUITE 302  
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name: M. Jane Nolen  
82 Street Address (P.O. Box Number is Not Acceptable): ABS Property Management  
83 1655 S.W. 5th Avenue  
84 City: Ocala  
85 Zip Code: FL 34474-3250

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: *M. Jane Nolen* M. Jane Nolen DATE: 4-25-96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: NANRY, GEORGE	1.1 TITLE: D/V	OBENHEIN, EVERRETT C. JR.
STREET ADDRESS: 2701 NE 10TH STREET, SUITE 302	CITY-ST-ZIP: Ocala FL	1.2 NAME: OBENHEIN, EVERRETT C. JR.	2701 N.E. 10th Street, #506
		1.3 STREET ADDRESS: 2701 N.E. 10th Street, #506	Ocala, FL 34470
		1.4 CITY-ST-ZIP: Ocala, FL 34470	
TITLE: D	NAME: OBENHEIN, EVERRETT C JR	2.1 TITLE: D/S	RAINES, ROBERT
STREET ADDRESS: 2701 NE 10TH ST 506	CITY-ST-ZIP: Ocala FL	2.2 NAME: RAINES, ROBERT	2701 N.E. 10th Street, #701
		2.3 STREET ADDRESS: 2701 N.E. 10th Street, #701	Ocala, FL 34470
		2.4 CITY-ST-ZIP: Ocala, FL 34470	
TITLE: D	NAME: RAINES, ROBERT	3.1 TITLE: D	MANZO, PATRICIA
STREET ADDRESS: 2701 NE 10THS T 701	CITY-ST-ZIP: Ocala FL	3.2 NAME: MANZO, PATRICIA	2701 N.E. 10th Street, #203
		3.3 STREET ADDRESS: 2701 N.E. 10th Street, #203	Ocala, FL 34470
		3.4 CITY-ST-ZIP: Ocala, FL 34470	
TITLE: TD	NAME: KNECHT, CHARLES	4.1 TITLE:	
STREET ADDRESS: 2701 NE 10TH ST., SUITE 702	CITY-ST-ZIP: Ocala FL	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: VD	NAME: MANZO, PATRICIA	5.1 TITLE:	
STREET ADDRESS: 2701 NE 10TH ST., SUITE 203	CITY-ST-ZIP: Ocala FL	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	
STREET ADDRESS:		6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

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: *Charles Knecht* Charles Knecht DATE: 4/24/96 DEUTERPHONE #: 352/620-8586  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2037 (12/95)