

FILE NOW: FILING FEE IS \$61.25

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May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N10888 (8)**  
1. Corporation Name  
**OAKBROOK VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business		Mailing Address	
2701 NE 10TH ST OCALA FL 34470 US		1655 SW 5TH AVE OCALA FL 34474-3290 US	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
23	24	28	29
Zip	Country	Zip	Country
25	30		

3. Date Incorporated or Qualified	08/28/1985
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**NOLEN, M. JANE**  
ABS PROPERTY MANAGEMENT  
1655 SW 5TH AVENUE  
OCALA FL 34474

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	NANRY, GEORGE	1.2 NAME	Lasca Nichol Director
STREET ADDRESS	2701 NE 10TH STREET, SUITE 302	1.3 STREET ADDRESS	2701 NE 10 st, suite 304
CITY-ST-ZIP	OCALA FL 34470	1.4 CITY-ST-ZIP	Ocala, FL
TITLE	DP	2.1 TITLE	
NAME	OBENHEIN, EVERETT C JR	2.2 NAME	
STREET ADDRESS	2701 NE 10TH ST 508	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	JILOVEC, RAMONA	3.2 NAME	
STREET ADDRESS	2701 NE 10TH ST. #103	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	
NAME	KNECHT, CHARLES	4.2 NAME	
STREET ADDRESS	2701 NE 10TH ST., SUITE 702	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	DN
NAME	VERSON, JAMESCIA	5.2 NAME	
STREET ADDRESS	2701 NE 10TH ST., SUITE 108	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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* **QUINED** 4-30-98 620-9297

CFR2037 (10/97)