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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N10888

1. Corporation Name

OAKBROOK VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2701 NE 10TH ST  
 Ocala FL 34470  
 US

Mailing Address

1655 SW 5TH AVE  
 Ocala FL 34474-3250  
 US



2. Principal Place of Business

21 2701 NE 10<sup>th</sup> ST.

2a. Mailing Address

26 2701 N.E. 10<sup>th</sup> ST.

3. Date Incorporated or Qualified

08/28/1985

Suite, Apt. #, etc.

22 BOX 905

Suite, Apt. #, etc.

27 BOX 905

4. FEI Number

59-2604554

Applied For

Not Applicable

City & State

23 Ocala, Florida

City & State

28 Ocala, Florida

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

24 34470 25 U.S.

Zip Country

29 34470 30 U.S.

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 EVERET C. OBENHEIN, JR.  
 82 Street Address (P.O. Box Number is Not Acceptable) 2701 N.E. 10<sup>th</sup> ST, #506  
 83 [REDACTED]  
 84 City Ocala FL 85 Zip Code 34470

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 *Everett C. Obenheim Jr.* (EVERETT C. OBENHEIN, JR.) PRESIDENT 2-20-99  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	NICHOL, LASCA	
STREET ADDRESS	2701 NE 10TH STREET SUITE #304	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	OBENHEIN, EVERETT C JR	
STREET ADDRESS	2701 NE 10TH ST 506	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	JILOVEC, RAMONA	
STREET ADDRESS	2701 NE 10TH ST. #103	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	KNECHT, CHARLES	
STREET ADDRESS	2701 NE 10TH ST., SUITE 702	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	IVERSON, JAMESCIA	
STREET ADDRESS	2701 NE 10TH ST., SUITE 106	
CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DONALD OBORNE
3.3 STREET ADDRESS	2701 NE 10 <sup>th</sup> ST, #810
3.4 CITY-ST-ZIP	OCALA, FLORIDA 34470
4.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CHARLES KNECHT
4.3 STREET ADDRESS	2701 NE 10 <sup>th</sup> ST, #702
4.4 CITY-ST-ZIP	OCALA, FLORIDA 34470
5.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOYCE SYDNEY
5.3 STREET ADDRESS	2701 N.E. 10 <sup>th</sup> ST, #406
5.4 CITY-ST-ZIP	OCALA, FLORIDA 34470
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Everett C. Obenheim Jr.* (EVERETT C. OBENHEIN, JR.) 2-20-99 /-352-620 9A7  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)