

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90105 032 ****61.25

DOCUMENT # N10888

1. Entity Name

OAKBROOK VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2701 NE 10TH ST
 BOX 905
 Ocala FL 34470
 US

2701 NE 10TH ST
 BOX 905
 Ocala FL 34470-5674
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2604554

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O BENHEIN, JR., EVERETT C
2701 NE 10TH ST #506
OCALA FL 34470

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

Everett C. Obenheim, Jr.

SIGNATURE Everett C. Obenheim, Jr. - President

1-25-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	O BENHEIN, EVERETT C JR	
STREET ADDRESS	2701 NE 10TH ST 506	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	DT	<input type="checkbox"/> Delete
NAME	OBORNE, DONALD	
STREET ADDRESS	2701 NE 10TH ST. #103	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KNECHT, CHARLES	
STREET ADDRESS	2701 NE 10TH ST., SUITE 702	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SYDNEY, JOYCE	
STREET ADDRESS	2701 NE 10TH ST. #406	
CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reed, Pamela	
STREET ADDRESS	2701 NE 10th St., #605	
CITY-ST-ZIP	Ocala, FL. 34470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Everett C. Obenheim, Jr. - President

1-25-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/99)