

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91426 043 ****61.25

0069135

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

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
**RUBIN, DOROTHY
2701 NE 10TH ST #606
OCALA FL 34470**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	RIERSON, JAN JAN	
STREET ADDRESS	2701 NE 10TH ST #205	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HENRY, DON	
STREET ADDRESS	2701 N.E. 10TH STREET, #305	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RUBIN, DOROTHY	
STREET ADDRESS	2701 N.E. 10TH STREET, #606	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TOBUL, CAROLE	
STREET ADDRESS	2701 N.E. 10TH STREET, #801	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	SYDNEY, JOYCE	
STREET ADDRESS	2701 N.E. 10TH STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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: Dorothy Rubin Date: 4/28/03 Davline Phone #: 352-895-0835

CR2E037 (10/02)