

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.  
 AMOUNT DUE ON OR BEFORE 8/7/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$228.25)

APPROVED  
AND  
FILED

96 NOV 14 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

DOCUMENT # **N21898 (4)**

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

**REINSTATEMENT 1996**

Principal Place of Business Mailing Address  
1104-A S.W. 14TH AVE. GAINESVILLE FL 32601

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **08/05/1987** 3a. Date of Last Report **08/10/1995**  
4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**YENSER, NANCY E  
703 NE 1ST STREET  
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 *Nancy E. Yenser* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	MC GURN, KEN	
STREET ADDRESS	101 S.E. 2ND PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	DELETE
NAME	HALL, BILL	
STREET ADDRESS	56 S. WASHINGTON	
CITY-ST-ZIP	VALPARAISO IN	
TITLE	SD	DELETE
NAME	ABEL, CHARLES	
STREET ADDRESS	3712 GENEJTTLER	
CITY-ST-ZIP	CLOVIS NM	
TITLE	T	DELETE
NAME	SAYLOR, JEFF	
STREET ADDRESS	600 VILLAGE TR.	
CITY-ST-ZIP	MARIETTA GA	
TITLE	V	DELETE
NAME	KURTS, TERESA	
STREET ADDRESS	56 S. WASHINGTON	
CITY-ST-ZIP	VALPARAISO IN	
TITLE		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	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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\*\*\*236.25

**REINSTATEMENT**  
*[Signature]*  
11-14-96

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)(b), 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: *[Signature]* SIGNATURE REQUIRED FOR DATE: **9/1/96** FILING NO: **790941001**

CR2007 (3/96)