

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21898

FILED  
Apr 10, 2008  
Secretary of State

Entity Name: OAKBROOK WALK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1104-A S.W. 14TH AVE.  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2900  
GAINESVILLE, FL 32602 US

**New Mailing Address:**

FEI Number: 59-2845836      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGURN, LINDA C  
101 SE 2ND PLACE #202  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCGURN, KENNETH R  
Address: 101 S.E. 2ND PLACE #202  
City-St-Zip: GAINESVILLE, FL 32601

Title: VSD ( ) Delete  
Name: SAXTON, HARRY  
Address: 1519 SW 13TH ST.  
City-St-Zip: GAINESVILLE, FL

Title: D ( ) Delete  
Name: SHEPHERD, DAVID  
Address: 1216-C SW 14TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32601

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VTD (X) Change ( ) Addition  
Name: SAXTON, HARRY  
Address: 1519 SW 13TH ST.  
City-St-Zip: GAINESVILLE, FL

Title: SD (X) Change ( ) Addition  
Name: LUKOWSKI, ZACHARY  
Address: 2200 NW 24 STREET  
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH R MCGURN

PD

04/10/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date