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**Jun 16 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21898 (4)

1. Corporation Name
OAKBROOK WALK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1104-A S.W. 14TH AVE. GAINESVILLE FL 32601	Mailing Address 1104-A S.W. 14TH AVE. GAINESVILLE FL 32601-2820
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3. Date Incorporated or Qualified 08/05/1987	3a. Date of Last Report 11/14/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 2900 27 Suite, Apt. #, etc. 28 Gainesville, FL 29 32602 30 USA
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This Corporation Has Industry Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCGURN, KEN	
STREET ADDRESS	101 S.E. 2ND PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALL, BILL	
STREET ADDRESS	58 S. WASHINGTON	
CITY-ST-ZIP	VALPARAISO IN	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ABEL, CHARLES	
STREET ADDRESS	3712 GENELITTLER	
CITY-ST-ZIP	CLOVIS NM	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SAYLOR, JEFF	
STREET ADDRESS	680 VILLAGE TR.	
CITY-ST-ZIP	MARIETTA GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KURTS, TERESA	
STREET ADDRESS	56 S. WASHINGTON	
CITY-ST-ZIP	VALPARAISO IN	
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	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	David R. Kernodle	
2.3 STREET ADDRESS	722 Piedmont Drive SE	
2.4 CITY-ST-ZIP	Winterhaven, FL 33880	
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Harry Saxton	
3.3 STREET ADDRESS	1519 SW 13th Street	
3.4 CITY-ST-ZIP	Gainesville, FL 32608	
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		

14. I do 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.

CR2E037 (9/96)