

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -3 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27288 (2)
Corporation Name
OAKBROOK PROPERTY OWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3290 KINGS ROAD SOUTH
ST. AUGUSTINE FL 32086**

Mailing Address
**3290 KINGS ROAD SOUTH
ST. AUGUSTINE FL 32086**

3. Date incorporated or Quoted **07/06/1988** 3a. Date of Last Report **06/06/1994**

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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. # etc. 26. Suite, Apt. # etc.

22. City & State 27. City & State

23. City & State 28. City & State

24. Zip 25. County 29. Zip 30. County

9. Name and Address of Current Registered Agent
**BAILEY, JOHN D JR.
780 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084**

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 _____ DATE _____
Signature (Name of person named as registered agent and the incorporator) (20/21 Registered Agent signature required when renouncing)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HELD, MICHAEL J
STREET ADDRESS	4545 N. FEDERAL HWY.
CITY, ST, ZIP	FT. LAUDERDALE FL 33308
TITLE	DVP
NAME	STAMM, JOHN C
STREET ADDRESS	23 SENECA RD.
CITY, ST, ZIP	FT. LAUDERDALE FL 33308
TITLE	DST
NAME	PACE, WILLIAM L
STREET ADDRESS	805 WHITE EAGLE CIRCLE
CITY, ST, ZIP	ST. AUGUSTINE FL 32086
TITLE	D
NAME	HELD, ROBERT T SR.
STREET ADDRESS	2000 NE 47TH ST.
CITY, ST, ZIP	FT. LAUDERDALE FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ALL CITY AND COUNTY OFFICERS AND DIRECTORS (SEE SECTION 617.0503)

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I (we) hereby certify that the information supplied with this filing is voluntary (Name) 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 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 incorporator, and that I am empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *William L Pace*
SIGNATURE AND TYPED OR PRINTED NAME OF THE AGENT, OFFICER OR DIRECTOR
WILLIAM L PACE

6/27/95 904 794 2200
(Date) (Telephone Number)

CR2E037 (3/95)