


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N27288**  
 1. Entity Name  
**OAKBROOK PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**3290 KINGS ROAD SOUTH**      **P.O. BOX 1647**  
**ST. AUGUSTINE, FL 32086**      **ST AUGUSTINE, FL 32085**



**DO NOT WRITE IN THIS SPACE**

01282005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**59-2943057**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

**WALER, RICHARD L JR**  
**864 WHITE EAGLE CIRCLE**  
**SAINT AUGUSTINE, FL 32088-5041**

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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)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

UNNNNN207784  
 02/01/05-80056-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SANCHEZ, BILLY J.
STREET ADDRESS	805 BRANDYWINE COURT
CITY-ST-ZIP	ST AUGUSTINE, FL 32086
TITLE	DST
NAME	SANCHEZ, KATHRYN
STREET ADDRESS	805 BRANDTWINE COURT
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	DVP
NAME	HELD, MICHAEL
STREET ADDRESS	2000 NE 47TH ST
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	LOBB, PAT
STREET ADDRESS	3505 KINGS ROAD SOUTH
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	D
NAME	TENORE, JACK
STREET ADDRESS	3532 KINGS RD SOUTH
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Jack Tenore*      Date: 1/28/05      Daytime Phone #: (904) 824-5412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR