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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N27288 (2)

1. Corporation Name
OAKBROOK PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business: 3290 KINGS ROAD SOUTH, ST. AUGUSTINE FL 32086
Mailing Address: 3290 KINGS ROAD SOUTH, ST. AUGUSTINE FL 32086-5076

3. Date Incorporated or Qualified: 07/06/1988
3a. Date of Last Report: 06/13/1996

2. Principal Place of Business (21) Suite Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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
BAILEY, JOHN D JR.
780 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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	DP	<input checked="" type="checkbox"/> DELETE
NAME	HELD, MICHAEL J	
STREET ADDRESS	4545 N. FEDERAL HWY.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	STAMM, JOHN C	
STREET ADDRESS	23 SENECA RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	PACE, WILLIAM L	
STREET ADDRESS	805 WHITE EAGLE CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HELD, ROBERT T SR.	
STREET ADDRESS	2000 NE 47TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LOUIS HELD	
1.3 STREET ADDRESS	852 White Eagle Cir.	
1.4 CITY-ST-ZIP	St Augustine FL 32086	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RAY MCCALL	
2.3 STREET ADDRESS	5401 AIA S	
2.4 CITY-ST-ZIP	St Augustine FL 32084	
3.1 TITLE	PRESIDENT/TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	3670 Kings Rd S	
3.4 CITY-ST-ZIP		
4.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TONY CASTELLANO	
5.3 STREET ADDRESS	721 CHAMWOOD DR	
5.4 CITY-ST-ZIP	St Augustine FL 32086	
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, on an attachment with an address.

SIGNATURE: William J. ... 3/13/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone # 0001503

CR2E037 (9/96)