## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris 🎨 😅

Secretary of State DIVISION OF CORPORATIONS

1999

1. Corporation Name

**DOCUMENT #** 

N27288  $(2) \nu$ 

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90259 035 \*\*\*\*61.25

3. Date Incorporated or Qualifed

07/06/1988 4. FEI Number

59-2943057

Oakbrook	Property	Owners'	Associatio
Owiedidak	11000	- , , =	TNA

26

27

Principal Place of Business

2, Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

3290 Kings Road South St. Augustine, FL 32086

3290 Kings Rd. So. St. Aug., FL 32086

Section   Sect	City & State	)	City & State					5. Certifcate of Status Desired		\$8.75 A	dditional
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  13. Name  14. 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 a first of the purpose of changing its registered agent and the provisions of Sections 617.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and the appointment as registered agent of the purpose of changing its registered agent and the appointment as registered agent of the provisions of Section 617.0503, Florida Statutes.  15. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes.  16. City  17. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes.  18. City  19. City	23		28					J. Certificate of Status Desired		Fee Re	quired
9. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  730 North Ponce DeLeon Blvd.  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  85 Zip Code  86 City  FL 85 Zip Code  87 Zip Code  88 City  FL 85 Zip Code  89 Zip Code  89 Zip Code  11. Furnish to the provisions of Sections 617 (500 and 617 (500 Acceptable))  89 Zip Code  11. Furnish to the provisions of Sections 617 (500 and 617 (500 Acceptable))  80 Zip Code  11. Furnish to the provisions of Section 617 (500 Acceptable)  81 Zip Code  11. Furnish to the provisions of Section 617 (500 Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Zip Code  11. Furnish to the provisions of Section 617 (500 Acceptable)  84 City  FL 85 Zip Code  15 Zip Code  16 Zip Code  17 Zip Code  18 Zip Code  18 Zip Code  18 Zip Code  19 Zip Code  19 Zip Code  10 Zip Code  10 Zip Code  11 Zip Code  12 Zip Code  12 Zip Code  13 Zip Code  14 Zip Code  15 Zip Code  15 Zip Code  16 Zip Code  17 Zip Code  18 Zip Code  18 Zip Code  18 Zip Code  19 Zip Code  19 Zip Code  10 Zip Code  10 Zip Code  10 Zip Code  11 Zip Code  12 Zip Code  12 Zip Code  13 Zip Code  14 Zip Code  15 Zip Code  15 Zip Code  16 Zip Code  17 Zip Code  18 Zip Code  18 Zip Code  19 Zip Code  19 Zip Code  10 Zip Code  10 Zip Code  11 Zip Code  11 Zip Code  12 Zip Code  12 Zip Code  13 Zip Code  14 Zip Code  15 Zip Code  16 Zip Code  17 Zip Code  18 Zip Code  18 Zip Code  19 Zip Code  19 Zip Code  10 Zip Code  10 Zip Code  21 Zip Code  22 Zip Code  23 Zip Code  24 Zip Code  24 Zip Code  25 Zip Code  26 Zip Code  26 Zip Code  27 Zip Code  28 Zip Code  28 Zip Code  29 Zip Code  20 Zip Code  21 Zip Code  22 Zip Code  23 Zip Code  24 Zip Code  25 Zip Code  26 Zip Code  26 Zip Code  27 Zip Code  27 Zip Code  28 Zip Code  28 Zip	Zip	Country	'Zip Country				6. Election Campaign Financing		\$5.00	May Be	
Bailey, John D. Jr. 780 North Ponce DeLeon Blvd. St. Augustine, FL 32084  11. Pursuant to the provisions of Sections 577.0502 and 617.1508, Forda 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 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, 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, or both, in the State of Florida. Such change was authorized by the 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 office or such as a positive of the purpose of changing its registered office or such as a positive of the purpose of changing its registered office or such appointment as registered agent.  SCHATURE  300ADTIONS. PARKET ADDRESS TO OFFICERS AND DIRECTORS IN 12  D/P  SITURDE  D/TS  BILLY J. Sanchez  13. ADDITIONS. CHANGES TO OFFICERS AND DIRECTORS IN 12  D/P  WAS BULLY J. Sanchez  13. ADDITIONS. CHANGES TO OFFICERS AND DIRECTORS IN 12  D/P  WAS BILLY J. Sanchez  13. ADDITIONS. CHANGES TO OFFICERS AND DIRECTORS IN 12  D/P  WAS BULLY J. Sanchez  13. ADDITIONS. CHANGES TO OFFICERS AND DIRECTORS IN 12  D/P  WAS BULLY J. Sanchez  13. ADDITIONS. CHANGES TO OFFICERS AND DIRECTORS IN 12  STREET ADDRESS  33.3 Kings Road South  STREET ADDRESS  33.3 Kings Road South  14. Corp. Supplementary and the provision of section of the purpose of changing its registered agent.  15. Augustine, FL 32086  16. Augustine, FL 32086  17. ADDITIONS. CHANGES TO OFFICERS AND DIR	24	25	29	30				Trust Fund Contribution		Added to	Fees
Bailey, John D. Jr. 780 North Ponce DeLeon Blvd. St. Augustine, FL 32084  84 City  FL ST 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 agent. In the state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In the state of Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. D/T/S  WWE Billy J. Sanchez 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. AUGUSTIZE  16. D/P  17. STATE D/P  18. AUGUSTIZE  18. AUGUSTIZE  19. AUGUSTIZE		9. Name and Address of Current F	tegistered Agent		<u> </u>		11	<ol><li>Name and Address of New I</li></ol>	Registered /	Agent	
780 North Ponce DeLeon Blvd.  St. Augustine, FL 32084  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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named 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  Signature, typed to present with a special solid statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. COPPERS AND DIRECTORS IN 12.  15. TITLE  15. D/T/S  15. Augustine, FL 32086  15. Augustine, FL					81	Name					
St. Augustine, FL 32084  St. Augustine, FL 32086  St. Augustine, FL 320	Railey John D Jr				82 Street Address (P.O. Box Number is Not Acceptable)						
St. Augustine, FL 32084    St	780 North Ponce Deloon Plant										
### Presuant 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 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, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  ### SIGNATURE  ### 12.					83						
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 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 at a familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, Typed to the first or prefet of other accept the obligations of, Section 617.0503, Florida Statutes.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	be. Augustine, FL 32004				84 City 95 7						Code
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Signature, typed or printed current of regulature's lapticable.   (NOTE Regulature depent signature required when remaining)   DATE	SIGNATURE										
D/T/S Billy J. Sanchez 804 Brandywine Court STREETADDRESS		<del></del>			Agent	signature re	equired wher				
D/T/S SITECT ADDRESS  804 Brandywine Court St. Augustine, FL 32086  MCCall, Ray MCCall, Ray SITECT ADDRESS  4690 US:1 South STREET ADDRESS  MFT ST. AUGUSTINE, FL 32086  MFT ST.		OFFICERS AND						ADDITIONS/CHANGES TO OF	FICERS AN		
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St. Augustine, FL 32086  St. Augustine, FL 32086  PACE, William L.  STREET ADDRESS CITY-ST-ZIP  NAME  D/T  Lorie Held  2211 CR 13  St. Augustine, FL 32086  LORIE Held  2211 CR 13  St. Augustine, FL 32086  STREET ADDRESS CITY-ST-ZIP  NAME  Held, Robert T. Sr  2000 NE 47th St.  STREET ADDRESS CITY-ST-ZIP  Ft. Lauderdale, FL  NAME  Castellano, Tony  721 Charmwood DR.  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  Addition  Change  Addition	TITLE	Ď	LX DELETE							Change	& Addition
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	CITY-ST-ZIP	<del></del>	<del> </del>					440 07/0/// 51 11 01 11	<del> </del>		

indicated on this annual report or supplied will his fining does not quality for the exemption stated in Section 119.07(3)(f), Fiorida Statutes. I forther cellify that the mindicated on this 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, with all other like empowered.

SIGNATURE:

Applied For

Not Applicable