

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

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

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 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 Rd. So., St. Aug., FL 32086

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	07/06/1988
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2943057
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/>
	30 Country	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		<b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Bailey, John D. Jr. 780 North Ponce DeLeon Blvd. St. Augustine, FL 32084	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/T/S <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Billy J. Sanchez	1.2 NAME	
STREET ADDRESS	804 Brandywine Court	1.3 STREET ADDRESS	
CITY-ST-ZIP	St. Augustine, FL 32086	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCall, Ray	2.2 NAME	Earl Kratzer
STREET ADDRESS	4690 US 1 South	2.3 STREET ADDRESS	3333 Kings Road South
CITY-ST-ZIP	St. Augustine, FL 32086	2.4 CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	P/T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pace, William L.	3.2 NAME	Lorie Held
STREET ADDRESS	3689 Lonewolf Trail	3.3 STREET ADDRESS	2211 CR 13
CITY-ST-ZIP	St. Augustine, FL 32086	3.4 CITY-ST-ZIP	Elkton, FL 32033
TITLE	D/VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Held, Robert T. Sr	4.2 NAME	
STREET ADDRESS	2000 NE 47th St.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Castellano, Tony	5.2 NAME	Kirk Kamsler
STREET ADDRESS	721 Charmwood DR.	5.3 STREET ADDRESS	717 Willow Wood Place
CITY-ST-ZIP	St. Augustine, FL 32086	5.4 CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Earl Kratzer Date: 4/27/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)