

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90016 001 \*\*\*\*61.25

**DOCUMENT # N27288**

1. Entity Name

**OAKBROOK PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

**P. O. Box 1647**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St. Augustine, FL**

4. FEI Number

**59-2943057**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32085**

**St. Johns**

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

00032899



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Richard L. Waler, Jr., CPA**

Street Address (P.O. Box Number is Not Acceptable)

~~71 South Dixie Highway  
 Suite #4~~

**804 White Eagle  
 Circle**

City

**St. Augustine**

FL

Zip Code

**32084**

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.

**32086-5041**

SIGNATURE

*Richard L. Waler, Jr.*  
 Richard L. Waler, Jr., CPA

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/22/01**

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

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP**  Delete  
 NAME **SANCHEZ, BILLY J.**  
 STREET ADDRESS **804 BRANDYWINE COURT**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DVP**  Delete  
 NAME **KRATZER, EARL**  
 STREET ADDRESS **3333 KINGS RD. SOUTH**  
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DT**  Delete  
 NAME **HELD, LORIE**  
 STREET ADDRESS **2211 CR 13**  
 CITY-ST-ZIP **ELKTON FL 32033**

TITLE  Change  Addition  
 NAME **DST**  
 NAME **Kathryn Sanchez**  
 STREET ADDRESS **804 Brandywine Court**  
 CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE **DVP**  Delete  
 NAME **HELD, ROBERT T SR.**  
 STREET ADDRESS **2000 NE 47TH ST.**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BERGEMANN, JAN**  
 STREET ADDRESS **3345 KINGS RD SOUTH**  
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE  Change  Addition  
 NAME **D**  
 NAME **Lenore Straus**  
 STREET ADDRESS **720 Charmwood Drive**  
 CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Billy J. Sanchez***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)