

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90052 045 ****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**

**P.O. BOX 1647
 ST AUGUSTINE FL 32085**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2943057

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALER, RICHARD L JR
 864 WHITE EAGLE CIRCLE
 SAINT AUGUSTINE FL 32086-5041**

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	<input type="checkbox"/> Delete
NAME	SANCHEZ, BILLY J.	
STREET ADDRESS	804 BRANDYWINE COURT	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SANCHEZ, KATHRYN	
STREET ADDRESS	804 BRANDYWINE COURT	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	HELD, ROBERT T SR.	
STREET ADDRESS	2000 NE 47TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRAUS, LENORE	
STREET ADDRESS	720 CHARMWOOD DRIVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Held	
STREET ADDRESS	2000 NE 47th St.	
CITY-ST-ZIP	Ft. Lauderdale, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Tenore	
STREET ADDRESS	3532 Kings Road South	
CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lorrie Held	
STREET ADDRESS	2245 CR 13 South	
CITY-ST-ZIP	Elkton, FL 32033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: *[Signature]* **SIGNATURE REQUIRED**

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)