

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90534 010 \*\*\*\*61.25

**DOCUMENT # N27288**  
1. Entity Name  
**OAKBROOK PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**3290 KINGS ROAD SOUTH  
ST. AUGUSTINE FL 32086**

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

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2943057** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**  
**WALER, RICHARD L JR  
864 WHITE EAGLE CIRCLE  
SAINT AUGUSTINE FL 32086-5041**

**7. Name and Address of New Registered Agent**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME	<b>DP SANCHEZ, BILLY J.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>804 BRANDYWINE COURT</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32086</b>	
TITLE NAME	<b>DST SANCHEZ, KATHRYN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>804 BRANDYWINE COURT</b>	
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32086</b>	
TITLE NAME	<b>DVP HELD, MICHAEL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2000 NE 47TH ST</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE NAME	<b>D HELD, LORRIE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>2245 CR 13 SOUTH</b>	
CITY-ST-ZIP	<b>ELKTON FL 32033</b>	
TITLE NAME	<b>D TENORE, JACK</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3532 KINGS RD SOUTH</b>	
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32086</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>805 Brandywine Court</b>	
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>805 Brandywine Court</b>	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>D Colby Holt</b>	
CITY-ST-ZIP	<b>3361 Kings Road South St. Augustine, FL 32086</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **SIGNATURE REQUIRED**

4/18/03 904-824-5412

CR2E037 (10/02)