


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90044 031 ****61.25

DOCUMENT # N42101			
1. Entity Name OAKBROOKE ESTATES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 7512 OAKBROOK DR ZEPHYRHILLS FL 33540 US		Mailing Address 7512 OAKBROOK DR ZEPHYRHILLS FL 33540 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

50016269



1st MOORE CR2E037 (10/04)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARNETT, DALE OAK BROOK ESTATES ZEPHYRHILLS FL 33540		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

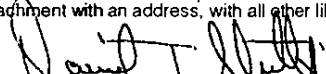
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PSD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARNETT, DALE			NAME	LANE, MARSHA		
STREET ADDRESS	OAKBROOK ESTATES			STREET ADDRESS	7524 OAKBROOK DR		
CITY-ST-ZIP	ZEPHYRHILLS FL 33540			CITY-ST-ZIP	ZEPHYRHILLS, FL 33540		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HEYL, FRED			NAME	GENNARO, CARL JR		
STREET ADDRESS	7578 OAKBROOK DR			STREET ADDRESS	7550 OAKBROOK DR		
CITY-ST-ZIP	ZEPHYRHILLS FL 33540			CITY-ST-ZIP	ZEPHYRHILLS, FL 33540		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LANE, DEAN			NAME	POE, BILLY		
STREET ADDRESS	7529 OAK BROOK DR.			STREET ADDRESS	OAKBROOK ESTATES		
CITY-ST-ZIP	ZEPHYRHILLS FL 33540			CITY-ST-ZIP	ZEPHYRHILLS, FL 33540		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUNTYN, DENISE			NAME			
STREET ADDRESS	7532 OAK BROOK DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL 33540			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STUTT, DAVID			NAME			
STREET ADDRESS	7512 OAKBROOK DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL 33540			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GENNARO, CARL JR			NAME			
STREET ADDRESS	7578 OAKBROOK DR			STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  **Feb 11, 2005 913-788-1064**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #