

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

**FILED**

**Feb 24 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N42101 (8)**  
1. Corporation Name  
**OAKBROOKE ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**7578 OAKBROOK DR ZEPHYRHILLS FL 33540 US**  
**7578 OAK BROOK DR ZEPHYRHILLS FL 33540-1966 US**

3. Date Incorporated or Qualified **02/15/1991** 3a. Date of Last Report **05/01/1996**  
4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**LAIL, CHARLES  
7524 OAKBROOKE DR  
ZEPHYRHILLS FL 33540**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	LAIL, CHARLES	
STREET ADDRESS	7524 OAKBROOKE DRIVE	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HEYL, FRED	
STREET ADDRESS	7578 OAKBROOK DR	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNETT, BEVERLY	
STREET ADDRESS	5912 7TH STREET	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHUANCY, GERRI	
STREET ADDRESS	7536 OAKBROOKE DR	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STUTTS, D	
STREET ADDRESS	7512 OAKBROOK DRIVE	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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, as changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **2/17/97 (BIS) 783-8448** **FL** **0045779**

CFR2E037 (9/96)