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**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90076 032 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N42101**

1. Corporation Name  
**OAKBROOKE ESTATES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business 7578 OAKBROOK DR ZEPHYRHILLS FL 33540 US	Mailing Address 7578 OAK BROOK DR ZEPHYRHILLS FL 33540 US
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2. Principal Place of Business 21 7512 OAKBROOK DR Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 7512 OAKBROOK DR Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 02/15/1991	4. FEI Number NOT APPLICABLE Applied For <input checked="" type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7524 OAKBROOK DR
1.4 CITY-ST-ZIP	
2.1 TITLE	→ D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HEYI, FRED
2.3 STREET ADDRESS	7578 OAKBROOK DR
2.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33540
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	7536 OAKBROOK DR
4.4 CITY-ST-ZIP	
5.1 TITLE	→ DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STUTT, DAVID
5.3 STREET ADDRESS	7512 OAKBROOK DR
5.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33540
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/5/99 8137838448  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)