


Certified Mail # 7004 0550 0000 5429 8496  
**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90166 021 \*\*\*\*61.25

<b>DOCUMENT # N46839</b>					
1. Entity Name OAKBROOKE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 9115 58TH DR. E STE. A BRADENTON, FL 34202 US			Mailing Address 9115 58TH DR. E STE. A BRADENTON, FL 34202 US		
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 65-0385476	
				Applied For 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		
LECKEY, PHILLIP 9115 58TH DR. E. STE B BRADENTON, FL 34202			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECKEY, PHILLIP D		NAME		
STREET ADDRESS	9115 58TH DR. E. STE. B		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, LINDA K		NAME		
STREET ADDRESS	9115 58TH DR. E. STE B		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL		CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	Secretary, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK, CHRISTINA		NAME	AMY SAWDE	
STREET ADDRESS	9115 58TH DR E STE A		STREET ADDRESS	9115 58th Dr E Suite A	
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP	Bradenton, FL 34202	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Linda K. Sanders, Vice President</i>			Date: <i>4/25/05</i>		Daytime Phone #: <i>941-753-7851</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

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