


7005 1820 0002 8151 1988

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2007 8:00 am Secretary of State

04-27-2007 90188 038 \*\*\*\*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 - No P.O. Box #		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"/>			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNKLE, TED		NAME		
STREET ADDRESS	6775 HICKORY HAMMOCK CIR		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGET, GUYSOUTH A		NAME		
STREET ADDRESS	6163 HICKORY HAMMOCK		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDE, AMY		NAME		
STREET ADDRESS	6763 HICKORY HAMMOCK CIR		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Betty Roth	
STREET ADDRESS			STREET ADDRESS	6610 oakbrook circle	
CITY-ST-ZIP			CITY-ST-ZIP	Bradenton, FL 34202	
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Alicia moody	
STREET ADDRESS			STREET ADDRESS	6734 Hickory Hammock circle	
CITY-ST-ZIP			CITY-ST-ZIP	Bradenton, FL 34202	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer Ron Murphy		NAME	Mary Stevens	
STREET ADDRESS	6635 oakbrooke circle		STREET ADDRESS	6642 oakbrooke circle	
CITY-ST-ZIP	Bradenton, FL 34202		CITY-ST-ZIP	Bradenton, FL 34202	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Betty Jane Roth</u>			4/19/07 (941) 739-2939		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		