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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N46839

1. Corporation Name
OAKBROOKE COMMUNITY ASSOCIATION, INC.

Principal Place of Business OAKBROOKE COMMUNITY 5803 BRADEN RUN BRADENTON FL 34202 US	Mailing Address OAKBROOKE COMMUNITY 5803 BRADEN RUN BRADENTON FL 34202 US
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2. Principal Place of Business 21 9115 58th DR. E. Suite, Apt. #, etc. 22 Suite A City & State 23 BRADENTON, FL Zip 24 34202 Country 25 USA	2a. Mailing Address 26 9115 58th DR. E. Suite, Apt. #, etc. 27 Suite A City & State 28 BRADENTON, FL Zip 29 34202 Country 30 USA	3. Date Incorporated or Qualified 01/15/1992	4. FEI Number 65-0385476 Applied For 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 CROWN-BOLTZ, KITT 5803 BRADEN RUN BRADENTON FL 34202	10. Name and Address of New Registered Agent 81 Name Phillip D. Leckey 82 Street Address (P.O. Box Number is Not Acceptable) 9115 58th Drive East Suite B 83 84 City BRADENTON FL 85 Zip Code 34202
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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 *[Signature]* **PHILLIP D. LECKEY** DATE **2/12/99**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME LECKEY, PHILLIP D	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5803 BRADEN RUN	CITY-ST-ZIP BRADENTON FL 34202	1.2 NAME	1.3 STREET ADDRESS 9115 58th Drive East Suite B
TITLE VD	NAME SANDERS, LINDA K	1.4 CITY-ST-ZIP BRADENTON, FL 34202	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5803 BRADEN RUN	CITY-ST-ZIP BRADENTON FL	2.2 NAME	2.3 STREET ADDRESS 9115 58th Drive East Suite B
TITLE STD	NAME CROWN-BOLTZ, KATHRYN M	2.4 CITY-ST-ZIP BRADENTON, FL 34202	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5803 BRADEN RUN	CITY-ST-ZIP BRADENTON FL	3.2 NAME	3.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	3.4 CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME ST ROBIN NEIDERT	4.3 STREET ADDRESS 9115 58th Drive E. Suite A
TITLE <input type="checkbox"/> DELETE	NAME	4.4 CITY-ST-ZIP BRADENTON, FL 34202	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	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]* **PHILLIP D. LECKEY** DATE **2/12/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

000274

CR2E037 (11/98)