

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005630

FILED
Apr 10, 2007
Secretary of State

Entity Name: OAKBROOK ESTATES OF PINELLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11902 RACE TRACK ROAD
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

11902 RACE TRACK ROAD
TAMPA, FL 33626

New Mailing Address:

FEI Number: 59-3539868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PROPERTY GROUP OF CENTRAL FLORIDA, INC
11902 RACE TRACK ROAD
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: HAYTER, CHRIS
Address: 3087 OAKBROOK CIRCLE
City-St-Zip: CLEARWATER, FL 33759

Title: DP () Delete
Name: RAMPOLLA, KATHLEEN
Address: 3063 OAKBROOK CIRCLE
City-St-Zip: CLEARWATER, FL 33759

Title: DS () Delete
Name: HALEY, SHARON
Address: 3023 OAKBROOK CIRCLE
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: HOLLAND, HENRY
Address: 3066 OAKBROOK CIRCLE
City-St-Zip: CLEARWATER, FL 33759

Title: DST (X) Change () Addition
Name: DAILY, NIKKI
Address: 3078 OAKBROOK CIRCLE
City-St-Zip: CLEARWATER, FL 33759

Title: DP (X) Change () Addition
Name: HALEY, SHARON
Address: 3023 OAKBROOK CIRCLE
City-St-Zip: CLEARWATER, FL 33759

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON HALEY

DP

04/10/2007

Electronic Signature of Signing Officer or Director

_____ Date