2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005630

Apr 29, 2004 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2595 TAMPA ROAD SUITE H PALM HARBOR, FL 34684

New Mailing Address: Current Mailing Address:

2595 TAMPA ROAD SUITE H PALM HARBOR, FL 34684

FEI Number: 59-3539868 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SLEMENT, LEIGH PROPERTY GROUP OF CENTRAL FL INC 2595 TAMPA RD SUITE H PALM HARBOR, FL 34684 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete SIMMONS, PATRICIA Name: 3070 OAKBROOK CIRCLE Address: City-St-Zip: CLEARWATER, FL 33759

Title: () Delete Name: RAMPOLLA, KATHLEEN

Address: 3063 OAKBROOK CIRCLE City-St-Zip: CLEARWATER, FL 33759

Title: STD () Delete SCHIMSKY, REBECCA Name: Address: 3074 OAKBROOK CIRCLE City-St-Zip: CLEARWATER, FL 33759 (X) Change () Addition

POLITANO, ANN Name:

Address: 2595 TAMPA ROAD, SUITE H City-St-Zip: PALM HARBOR, FL 34684

Title: (X) Change () Addition Name: RAMPOLLA, KATHLEEN Address: 2595 TAMPA ROAD, SUITE H City-St-Zip: PALM HARBOR, FL 34684

Title: (X) Change () Addition

Name: HALEY, SHARON

2595 TAMPA ROAD, SUITE H Address: City-St-Zip: PALM HARBOR, FL 34684

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHLEEN RAMPOLLA DP 04/29/2004