2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 SEP 16 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748342

1. Entity Name
OAK BRIDGE RUN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
UNIVERSITY PROP 7001 TEMPLE TER HWY TAMPA, FL 33637 US	UNIVERSITY PROP 7001 TEMPLE TER HWY TAMPA, FL 33637 US

09022008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5008 W Linebaugh Ave	5008 W Linebaugh
Suite, Apt. #, etc. Suite 15	Suite, Apt. #, etc. Suite 15
City & State TAMPA FL	City & State TAMPA FL
Zip 33624 Country Hillsborough	Zip 33624 Country Hillsborough

4. FEI Number
59-2022238
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUARLEZ, ANTONIO 6221 LAND O LAKES BLVD SPRING HILL, FL 34608	Name Avelino Vide Street Address (P.O. Box Number is Not Acceptable) 5008 W Linebaugh Ave Suite 15 City TAMPA FL Zip Code 33624

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 _____ 9-1-08
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

Amended AR is $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUTHWAY, AMANDA 5627 ASHLEY OAKS TAMPA, FL 33617	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~KINCERD~~, CHRISTOPHER 12430 TOUCHTON DR #102 TAMPA, FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Kinkead 001361059 43 09/18/08--01047--008 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RUIZ, ~~KATLLEEN~~ 12611 TOUCHTON DR 112 TAMPA, FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Kathleen
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DONBROSKY, THOMAS 5626 ASHLEY OAKS #26 TAMPA, FL 33617	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVERSON, ADAM 12414 TOUCHTON DR TAMPA, FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 9-1-08 813-868-1104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #