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FILED

Feb 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 748342 (3)  
1. Corporation Name  
OAK BRIDGE RUN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

824 E FLETCHER AVE  
TAMPA FL 33612  
US824 E FLETCHER AVE  
TAMPA FL 33612-2613  
US3. Date Incorporated or Qualified  
08/02/19793a. Date of Last Report  
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-2022238Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LERNER, PATRICIA LEIB  
606 MADISON  
STE. 2001  
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP ☒ DELETE  
NAME MCCOWAN, BLAKE  
STREET ADDRESS 12611 TOUCHTON DR., #112  
CITY-ST-ZIP TEMPLE TERRACE FL1.1 TITLE DP ☒ Change ☐ Addition  
1.2 NAME Dorothy McKenzie  
1.3 STREET ADDRESS 5601 Ashley Oaks Dr #9  
1.4 CITY-ST-ZIP Temple Terrace, FL 33617TITLE DP ☒ DELETE  
NAME MICHAL, LOUISE  
STREET ADDRESS 5641 ASHLEY OAKS DR. #37  
CITY-ST-ZIP TEMPLE TERRACE FL 336172.1 TITLE DS ☒ Change ☐ Addition  
2.2 NAME Denise Herndon  
2.3 STREET ADDRESS 5641 Ashley Oaks Dr. #35  
2.4 CITY-ST-ZIP Temple Terrace, FL 33617TITLE DST ☒ DELETE  
NAME THAYER, JEANE  
STREET ADDRESS 12310 TOUCHTON DR #45  
CITY-ST-ZIP TEMPLE TERRACE FL 336173.1 TITLE DT ☒ Change ☐ Addition  
3.2 NAME John Glover  
3.3 STREET ADDRESS 5627 Ashley Oaks Dr #32  
3.4 CITY-ST-ZIP Temple Terrace, FL 33617TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-97

Date

977-2604

Daytime Phone # 001788

CP2E037 (9/96)