FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

(3)

OAK BRIDGE BUN CONDOMINII

OAN L	SAIDGE HON CONDOMIN	UIVI ABBUGIAT	ION, 1140.							
Principal Plac	ce of Business	Mailing Ad	dress				t fautti 10011 Djuni (\$181 jijt) dje	ilm 1181 \$1011 01816 61	/BI) BEBS! BIS	\$11 2 1\$11 18\$1
824 E FLETCH TAMPA FL 336 US		824 E FLETO TAMPA FL 3 US					3. Date Incorporated or Qualifie 08/02/1979	ď		
		•					4. FEI Number 59-2022238			oplied For ot Applicable
2. Principal F	Place of Business	2a. Mailing	Address	•					\$8.75	
21		26				ļ	5. Certificate of Status Desired		Fee Re	
Suite, Apt.	. #, etc.		pt. #, etc.				6. Election Campaign Financing		\$5.00 1	May Be
City & Star	to	27 City & S	toto				Trust Fund Contribution	<u> </u>	Added to	
23	ie	28 City & S	late				7. Is this nonprofit corporation a	i homeowners a ∐Yes ☐ I		1?
Zip	Country	Zip		Countr	v		8. This corporation owes or has			
24	25	29	3	_	•		Personal Property Tax due Ju			No
	9. Name and Address of Cur	rent Registered Ag	ent				10. Name and Address of New		ent	
				81	l Name	•				
LERNER, PATRICIA LEIB 606 MADISON				82	Street	t Addres	s (P.O. Box Number is Not Accep	table)		
STE. 200				83	3					
TAMPA 1	FL 33602			84	City		WART TRAIL I		85 Zip C	Code
11. Pursuant	to the provisions of Sections 617.0	0502 and 617,1508.	Florida Statutes	the above	/e-pamed	d corpor	ation submits this statement for the	e purpose of ch	anging its	s registered
office or r	to the provisions of Sections 617.0 registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida, Such	change was aut	thorized b	y the cor	rporation	s board of directors. I hereby acc	cept the appoin	tment as	registered
SIGNATURE	and accept the co	angulario or, coolicii	017.0000,11018	oo olalak						
	Stgnature, typed or printed name of registered		. (NOTE: F	Registered Ac	jent signatur	re required :	when reinstating)	DATE		
12.		AND DIRECTORS	A	13.			ADDITIONS/CHANGES TO OF			
TITLE	DP DODOTHY	7	₫ DELETE	1.1 TITLE		DP		X	Change	☐ Addition
NAME	MCKENZIE, DOROTHY	^		1.2 NAME		CHA	D VOLKERT			
STREET ADDRESS	5601 ASHLEY OAKS DR #9 TEMPLE TERRACE FL	,			TADDRESS	124	25 Touchton Dr.	. # 78		
CITY-ST-ZIP	DS DS		DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP					Addition
NAME	HERNDON, DENISE	y	AL DECETE	Z.I TILLE		 Taπ	ipa, FL. 33617		Change	
STREET ADDRESS	5641 ASHLEY OAKS DR #3			O O NAME		DS	lpa, FL. 33617		Change	[_] Addition
CITY-ST-ZIP		35	_	2.2 NAME		DS LEI	i pa, FL. 33617 DA VARELA KOVAC	ch K	Change	E Acquitor
TITLE	I TEMPLE TERHALE FL	35		2.3 STREE	T ADDRESS	DS LEI 564	ipa, FL. 33617 DA VARELA KOVAC 1 Ashley Taks I	ch K	Change	[_] Addition
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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.

FILED

Jan 30 1998 8:00am

Secretary of State