NON - PROFIT

CORPORATION

ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT #748842 VOK

Corporation Name

OAK BRIDGE RUN CONDOMINIUM ASSOCIATION, INC. FILED May 17, 1999 8:00 am Secretary of State

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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above people corporation submits this statement for the purpose of changing its registered office or registered agond or official, in the State of Florida. Such change was authorized by the obsporation's board of directors. I hereby accept the obligations of Section 807.0505, Florida Statutes. Signature	1	. /			ITE	8		
11. Pursuant to the provision of Specitions 607.0502 and 607.1508. Floridad Statutes, the above-peeped corporation submits this statement for the purpose of changing its registered agent. I am farmacy of both, in the State of Florida, such change was authorized by the obsproardion's board of directors. I hereby accept the appointment as registered agent. I am farmacy of both, in the State of Florida, such change was authorized by the obsproardion's board of directors. I hereby accept the purpose of changing its registered agent. I am farmacy of both, in the State of Florida, such change was authorized by the obsproardion's board of directors. I hereby accept the purpose of changing its registered agent. I am farmacy of both purpose of changing its registered agent. I am farmacy of both purpose of changing its registered agent. I am farmacy of both purpose of changing its registered agent. I am farmacy of both purpose of changing its registered agent. I am farmacy of both purpose of changing its registered agent. I am farmacy of both purpose of changing its registered agent. I am farmacy of both purpose of changing its registered agent. I am farmacy of both purpose of changing its registered agent. I am farmacy of both purpose of changing its registered agent. I am farmacy of both purpose of changing its registered agent. I am farmacy of both purpose of changing its registered agent. I am farmacy of both purpose of changing its registered agent. I am farmacy of both purpose of changing its registered agent. I am farmacy of both purpose of changing its registered agent. I am farmacy of both purpose of changing its registered agent. I am farmacy of both purpose of changing its registered agent. I am farmacy of both purpose of changing its registered agent. I am farmacy of both purpose of changing its registered agent. I am farmacy of changing its registered agent. I am farmac	1	Λ		84 City_	AMP	A FI		
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MALLE AND TYPED OR PRINTED MASSE OF SIGNING OFFICER OR DIRECTOR

5/3/99 Date

988-4088 Dayline Phone # CR2E034 (11/98)