


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90003 006 ****61.25

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DOCUMENT # N15679							
1. Entity Name OAKBRIDGE OWNERS' ASSOCIATION NO. ONE, INC.							
Principal Place of Business 3604 HARDEN BLVD LAKELAND, FL 33803 US		Mailing Address 3604 HARDEN BLVD. LAKELAND, FL 33803 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2875344			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BARBER, RICHARD W 3604 HARDEN BLVD. LAKELAND, FL 33803			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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 _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPARKS, GRADY		NAME				
STREET ADDRESS	79-285 RANCHO LA QUINTA DR.		STREET ADDRESS				
CITY-ST-ZIP	LA QUINTA, CA 92253		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LONG, WILLIAM B		NAME				
STREET ADDRESS	530 BEACON PARKWAY W		STREET ADDRESS				
CITY-ST-ZIP	BIRMINGHAM, AL		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARBER, RICHARD W		NAME				
STREET ADDRESS	3604 HARDEN BLVD		STREET ADDRESS				
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FUSSELL, DONALD R.		NAME	FUSSELL, DONALD R.			
STREET ADDRESS	3604 HARDEN		STREET ADDRESS	3604 HARDEN BLVD			
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	LAKELAND, FL 33803			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. 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 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: <u>Barber</u>			Date: <u>8/2/05</u> Daytime Phone #: <u>8636471100-X237</u>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							