

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

19965-1-94

B- 53809 C

DOCUMENT # N15679 (6)  
1. Corporation Name  
**OAKBRIDGE OWNERS' ASSOCIATION NO. ONE, INC.**



Principal Place of Business: 1301 GRASSLANDS BOULEVARD, LAKE LAND FL 33803  
Mailing Address: 1301 GRASSLANDS BOULEVARD, LAKE LAND FL 33803

3. Date Incorporated or Qualified: 07/01/1986  
3a. Date of Last Report: 04/25/1995  
4. FEI Number: 59-2875344  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
**CHASTAIN, RANDALL C.  
1301 GRASSLAND BOULEVARD  
LAKE LAND FL 33803**

10. Name and Address of New Registered Agent  
81 Name: Mark L. Marlow  
82 Street Address (P.O. Box Number is Not Acceptable): 1301 Grasslands Boulevard  
83  
84 City: Lakeland, FL 85 Zip Code: 33803

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: Mark L. Marlow (Signature) DATE: 4/17/96 (Date)

12. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | PTD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | CHASTAIN, C. RANDALL    |  |
| STREET ADDRESS | 1301 GRASSLANDS BLVD    |  |
| CITY-ST-ZIP    | LAKE LAND FL            |  |
| TITLE          | SD                      | <input type="checkbox"/> DELETE            |
| NAME           | LONG, WILLIAM B.        |  |
| STREET ADDRESS | 530 BEACON PARKWAY W    |  |
| CITY-ST-ZIP    | BIRMINGHAM AL           |  |
| TITLE          | VD                      | <input type="checkbox"/> DELETE            |
| NAME           | DURHAM, RONALD O        |  |
| STREET ADDRESS | 530 BEACON PARKWAY #800 |  |
| CITY-ST-ZIP    | BIRMINGHAM AL           |  |
| TITLE          | D                       | <input type="checkbox"/> DELETE            |
| NAME           | RUESCH, KEVIN           |  |
| STREET ADDRESS | 3311 BARLEY LANE        |  |
| CITY-ST-ZIP    | LAKE LAND FL            |  |
| TITLE          |                         | <input type="checkbox"/> DELETE            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> DELETE            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                         |  |
|--------------------|-------------------------|--|
| 1.1 TITLE          | PTD                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Marlow, Mark L.         |  |
| 1.3 STREET ADDRESS | 1301 Grasslands Blvd    |  |
| 1.4 CITY-ST-ZIP    | Lakeland, FL 33803      |  |
| 2.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                         |  |
| 2.3 STREET ADDRESS |                         |  |
| 2.4 CITY-ST-ZIP    |                         |  |
| 3.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                         |  |
| 3.3 STREET ADDRESS |                         |  |
| 3.4 CITY-ST-ZIP    |                         |  |
| 4.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                         |  |
| 4.3 STREET ADDRESS |                         |  |
| 4.4 CITY-ST-ZIP    |                         |  |
| 5.1 TITLE          | Asst Sec D              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | Walters, Thomas W.      |  |
| 5.3 STREET ADDRESS | 530 Beacon Parkway West |  |
| 5.4 CITY-ST-ZIP    | Birmingham Al.          |  |
| 6.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: (Signature) DATE: 4/17/96 DAYTIME PHONE #

CR2E037 (12/95)