

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15679

**FILED**  
**Feb 25, 2017**  
**Secretary of State**  
**CC6268281293**

**Entity Name:** OAKBRIDGE OWNERS' ASSOCIATION NO. ONE, INC.

**Current Principal Place of Business:**

1621 E EDGEWOOD DRIVE  
SUITE F  
LAKELAND, FL 33803

**Current Mailing Address:**

1621 E EDGEWOOD DRIVE  
SUITE F  
LAKELAND, FL 33803 US

**FEI Number:** 59-2875344

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AIA PROPERTY MANAGEMENT INC  
1621 E EDGEWOOD DRIVE  
SUITE F  
LAKELAND, FL 33803 US

*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.*

**SIGNATURE:** PATTI MOSCOW

02/25/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SD  
Name THOM, JERI  
Address 1621 E EDGEWOOD DRIVE  
SUITE F  
City-State-Zip: LAKELAND FL 33803

Title PD  
Name SNAPP, JOHN  
Address 1621 E EDGEWOOD DRIVE  
SUITE F  
City-State-Zip: LAKELAND FL 33803

Title T  
Name LOAR, KEN  
Address 1621 E EDGEWOOD DRIVE  
SUITE F  
City-State-Zip: LAKELAND FL 33803

Title VP  
Name MERRITT, ROBERT  
Address 1621 E EDGEWOOD DRIVE  
SUITE F  
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR  
Name MASS, LEONARD  
Address 1621 E EDGEWOOD DRIVE  
SUITE F  
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR  
Name HOWARD, WAYNE  
Address 1621 E EDGEWOOD DRIVE  
SUITE F  
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR  
Name EVANS, BERNICE DR.  
Address 1621 E EDGEWOOD DRIVE  
SUITE F  
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR  
Name LEE, EDGAR  
Address 1621 E EDGEWOOD DRIVE  
SUITE F  
City-State-Zip: LAKELAND FL 33803

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN SNAPP

**PRESIDENT**

02/25/2017

Electronic Signature of Signing Officer/Director Detail

Date