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Sep 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N 15679 (6)
1. Corporation Name
Oakbridge Owners' Association No. One, Inc.
Updated Return

Principal Place of Business 3604 Harden Blvd. Lakeland, Fl. 33803	Mailing Address 3604 Harden Blvd. Lakeland, Fl. 33803
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3. Date Incorporated or Qualified 07/01/1986		3a. Date of Last Report 04/15/1997	
2. Principal Place of Business		4. FEI Number 59-2875344	
21. Suite, Apt #, etc.		Applied For Not Applicable	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Marlow, Mark L.
3604 Harden Blvd.
Lakeland, Fl. 33803

10. Name and Address of New Registered Agent

81 Name Richard W. Barber
82 Street Address (P.O. Box Number is Not Acceptable) 3604 Harden Blvd.
83
84 City Lakeland
85 Zip Code FL 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 **Richard W. Barber, President** *Richard W. Barber* **9-14-97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PTD	NAME Marlow, Mark L.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1301 Grasslands Blvd.	CITY-ST-ZIP Lakeland, FL.	
TITLE SD	NAME Long, William B.	<input type="checkbox"/> DELETE
STREET ADDRESS 530 Beacon Pkwy W.	CITY-ST-ZIP Birmingham, AL	
TITLE VD	NAME Durham, Ronald O #800	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 530 Beacon Pkwy	CITY-ST-ZIP Birmingham, AL	
TITLE D	NAME Berryman, Mary	<input type="checkbox"/> DELETE
STREET ADDRESS 3028 Bridgefield Drive	CITY-ST-ZIP Lakeland, FL	
TITLE SD	NAME Walters, Thomas W.	<input type="checkbox"/> DELETE
STREET ADDRESS 530 Beacon Pkwy W.	CITY-ST-ZIP Birmingham, AL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
1.2 NAME Barber, Richard W.	
1.3 STREET ADDRESS 3604 Harden Blvd.	
1.4 CITY-ST-ZIP Lakeland, FL	
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 VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Marlow, Mark L.	
3.3 STREET ADDRESS 1950 Stonegate Dr. Suite #150	
3.4 CITY-ST-ZIP Vestavia Hills, AL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME 200002302942	
5.3 STREET ADDRESS -09/25/97--01009--013	
5.4 CITY-ST-ZIP ***61.25	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME T	
6.3 STREET ADDRESS Caso, Georgina A.	
6.4 CITY-ST-ZIP 3604 Harden Blvd.	

14. I do 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.

SIGNATURE: **Richard W. Barber, President** *Richard W. Barber* **9-14-97** **941-647-1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)