

FILE NOW: FILING FEE IS \$61.25

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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15679 (6)
 1. Corporation 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
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3. Date Incorporated or Qualified
07/01/1986

4. FEI Number
59-2875344

Applied For	
Not Applicable	

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

BARBER, RICHARD W
3604 HARDEN BLVD.
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLOW, MARK L.	1.2 NAME	
STREET ADDRESS	1950 STONEGATE DR. SUITE #150	1.3 STREET ADDRESS	
CITY-ST-ZIP	VESTAVIA HILLS AL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, WILLIAM B.	2.2 NAME	
STREET ADDRESS	530 BEACON PARKWAY W	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, RICHARD W	3.2 NAME	
STREET ADDRESS	3604 HARDEN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRYMAN, MARY	4.2 NAME	
STREET ADDRESS	3328 BRIDGEFIELD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, THOMAS W.	5.2 NAME	
STREET ADDRESS	530 BEACON PKWY WEST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASO, GEORGINA A	6.2 NAME	
STREET ADDRESS	3604 HARDEN BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	

Handwritten note: Paid 4/15/98 801

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **4/15/98** **800 6771301**

CP2E037 (10/97)