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95 JAN 23 PH 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morrum Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35797 (2)

1. Corporation Name
OKBRIDGE PROPERTY OWNERS AND RECREATIONAL ASSOCIATION, INC.

Principal Place of Business C/O ERNEST G. RUSAW P.O. BOX 776 CRYSTAL RIVER FL 34423-0776 US	Mailing Address C/O ERNEST G. RUSAW P.O. BOX 776 CRYSTAL RIVER FL 34423-0776 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/26/1989	3a. Date of Last Report 01/20/1994
4. FEI Number 59-3006599	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

RUSAW, ERNEST G.
1031 N. COMMERCE TERRACE
LECANTO FL 34461

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CUYLER, FRANK S. JR.
STREET ADDRESS	1288 N SIDIKI PT
CITY-ST-ZIP	INVERNESS FL
TITLE	DV
NAME	CROSLEY, JAMES R.
STREET ADDRESS	1591 NORTH BATH ROAD
CITY-ST-ZIP	CRYSTAL RIVER FL
TITLE	DST
NAME	CROSLEY, MARGIE G.
STREET ADDRESS	1591 NORTH BATH ROAD
CITY-ST-ZIP	CRYSTAL RIVER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	34453
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3847 N. Briarberry Pt.
2.4 CITY-ST-ZIP	Beverly Hills, Fl 34465
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3847 N. Briarberry Pt.
3.4 CITY-ST-ZIP	Beverly Hills, Fl. 34465
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Frank S. Cuyler, Jr.* Frank S. Cuyler, Jr. Pres 1/17/95 904-746-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #