

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90173 023 ****61.25

DOCUMENT # N38761

1. Entity Name
OAKBRIDGE OWNERS' ASSOCIATION NO. TWO, INC.

Principal Place of Business: **3604 HARDEN BLVD. LAKELAND FL 33803 US**
 Mailing Address: **3604 HARDEN BLVD. LAKELAND FL 33803 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country



1st MOORE CR2E037 (10/05)

4. FEI Number: **59-3036752** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent:
**BARBER, RICHARD W
 3604 HARDEN BLVD.
 LAKELAND FL 33803**

7. Name and Address of New Registered Agent:
 Name: **MASS, LEONARD**
 Street Address (P.O. Box Number is Not Acceptable): **3604 HARDEN BLVD**
 City: **LAKELAND** FL Zip Code: **33803**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **LEONARD MASS** *Almon* DATE: **4-27-06**

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VD	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: SPARKS, GRADY		NAME:	
STREET ADDRESS: 79-285 RANCHO LA QUANTA DR		STREET ADDRESS:	
CITY-ST-ZIP: LA QUINTA CA 92253		CITY-ST-ZIP:	
TITLE: SD	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: LONG, WILLIAM B		NAME:	
STREET ADDRESS: 530 BEACON PKWY W.		STREET ADDRESS:	
CITY-ST-ZIP: BIRMINGHAM AL		CITY-ST-ZIP:	
TITLE: PD	<input checked="" type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: LEONARD MASS		NAME: MASS, LEONARD	
STREET ADDRESS: 3604 HARDEN BLVD.		STREET ADDRESS: 3604 HARDEN BLVD	
CITY-ST-ZIP: LAKELAND FL		CITY-ST-ZIP: LAKELAND, FL 33803	
TITLE: T	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: FUSSELL, DONALD R		NAME: DONALD R FUSSELL	
STREET ADDRESS: 3604 HARDEN BLVD		STREET ADDRESS:	
CITY-ST-ZIP: LAKELAND FL 33803		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald R. Fussell* **DONALD R. FUSSELL, TREASURER 4/27/06 (883)647-1100**