

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N38761 (5)**  
1. Corporation Name  
**OAKBRIDGE OWNERS' ASSOCIATION NO. TWO, INC.**



Principal Place of Business Mailing Address  
**% CHARLES R CHASTAIN**  
**1301 GRASSLANDS BOULEVARD**  
**LAKELAND FL 33803**

3. Date Incorporated or Qualified <b>06/25/1990</b>	3a. Date of Last Report <b>04/26/1995</b>
4. FEI Number <b>59-3036752</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>CHASTAIN, CHARLES R.</b> <b>1301 GRASSLANDS BOULEVARD</b> <b>LAKELAND FL 33803</b>		10. Name and Address of New Registered Agent <b>81 Name Mark L. Marlow</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 1301 Grasslands Blvd</b> <b>83</b> <b>84 City Lakeland, FL 85 Zip Code 33803</b>	
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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 Mark L. Marlow (NOTE: Registered Agent signature required when reinstating) 4/17/96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT</b> <b>CHASTAIN, CHARLES R</b> <b>1301 GRASSLANDS BLVD</b> <b>LAKELAND FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PTD</b> <b>Marlow, Mark L.</b> <b>1301 Grasslands Blvd</b> <b>Lakeland, FL. 33803</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LONG, WILLIAM B</b> <b>3000 HIGHWAY 78 W</b> <b>JASPER AL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>DURHAM, RONALD O</b> <b>530 BEACON PKWY W #800</b> <b>BIRMINGHAM AL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICHARDS, TOM</b> <b>1852 BALTUSROL COURT</b> <b>LAKELAND FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAZI, ERIC</b> <b>2835 SHOAL CREEK VILLAGE DR</b> <b>LAKELAND FL</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>Asst Sec D</b> <b>Walters, Thomas W.</b> <b>1301 Grasslands Blvd</b> <b>Lakeland, FL. 33803</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 119.07(3)(k), 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: Mark L. Marlow 4/17/96 DATE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone: #

CR2E037 (12/95)