

FILE NOW: FILING FEE IS \$61.25

FILED

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 |
|--|---|---|

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

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 3604 HARDEN BLVD. LAKELAND FL 33803 US | 3604 HARDEN BLVD. LAKELAND FL 33803 US |

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

3. Date Incorporated or Qualified

06/25/1990

4. FEI Number

59-3036752

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

**BARBER, RICHARD W
3604 HARDEN BLVD.
LAKELAND FL 33803**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | VD MARLOW, MARK L. |
| STREET ADDRESS | 1950 STONEGATE DR. SUITE 150 |
| CITY-ST-ZIP | VESTAVIA HILLS AL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | SD LONG, WILLIAM B |
| STREET ADDRESS | 530 BEACON PKWY W. |
| CITY-ST-ZIP | BIRMINGHAM AL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | PD BARBER, RICHARD W |
| STREET ADDRESS | 3604 HARDEN BLVD. |
| CITY-ST-ZIP | LAKELAND FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D DANIEL, CHARLES |
| STREET ADDRESS | 1820 BALTUSROL COURT |
| CITY-ST-ZIP | LAKELAND FL |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | D CAZT, ERIC |
| STREET ADDRESS | 2835 SHAOL CREEK VILLAGE DR |
| CITY-ST-ZIP | LAKELAND FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | SD WALTERS, THOMAS W. |
| STREET ADDRESS | 530 BEACON PKWY W. |
| CITY-ST-ZIP | BIRMINGHAM AL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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 checked="" type="checkbox"/> Addition |
| 5.2 NAME | MC FADDEN, ROGER |
| 5.3 STREET ADDRESS | 3074 SHAOL CREEK VILLAGE DR |
| 5.4 CITY-ST-ZIP | LAKELAND, FL 33803 |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | T CASO, GEORGINA A. |
| 6.3 STREET ADDRESS | 528 HARDENOK BLVD |
| 6.4 CITY-ST-ZIP | LAKELAND, FL 33813 |

*PA 4/16/98
4/16/98
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

4/15/98
800
6771301

CR2E037 (10/97)