


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90025 035 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N38761**

1. Corporation 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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 06/25/1990	4. FEI Number 59-3036752	Applied For Not Applicable
Country 25	Country 30	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	

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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD MARLOW, MARK L. 1950 STONEGATE DR. SUITE 150 VESTAVIA HILLS AL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD LONG, WILLIAM B 530 BEACON PKWY W. BIRMINGHAM AL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD BARBER, RICHARD W 3604 HARDEN BLVD. LAKELAND FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D DANIEL, CHARLES 1820 BALTUSROL COURT LAKELAND FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D NCFADDEN, ROGER 3074 SHOAL CREEK VILLAGE DRIVE LAKELAND FL 33803	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD WALTERS, THOMAS W. 530 BEACON PKWY W. BIRMINGHAM AL	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		3.2 NAME	T GEORGINA A. CASO 528 HANCOCK BLVD LAKELAND, FL 33813
		4.2 NAME	D STEVE CAMPBELL 2936 GRASSLANDS DR LAKELAND, FL 33803
		5.2 NAME	D TOM O'CONNOR 3005 SHOAL CREEK VILLAGE DR LAKELAND, FL 33803
		6.2 NAME	D JOHN BURKEY 1400 GRASSLANDS BLVD #66 LAKELAND, FL 33803

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-2-99 941-647-1100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)