


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90020 003 \*\*\*\*61.25

DOCUMENT # N9600000830					
1. Entity Name THE OAKBRIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 10036 SAWGRASS DRIVE PONTE VEDRA BEACH, FL 32082			Mailing Address 10036 SAWGRASS DRIVE PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O MAY MANAGEMENT			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 5455 AIA SOUTH			
City & State		City & State ST AUGUSTINE, FL		4. FEI Number 59-3370513	
Zip		Zip 32080		Country ST. JOHNS	
6. Name and Address of Current Registered Agent MAY MANAGEMENT SERVICES 10036 SAWGRASS DR STE 1 PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name: MAY MANAGEMENT SERVICES INC Street Address (P.O. Box Number is Not Acceptable): 5455 AIA SOUTH City: ST. AUGUSTINE FL Zip Code: 32080		
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: <i>Gertie H. Heif</i> DATE: 2/5/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARRETT, BILL		NAME	Jordan, Pat	
STREET ADDRESS	91 ABALONA LANE E.		STREET ADDRESS	111 Poseidon Lane	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Ponte Vedra Bch FL 32082	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, BRAD		NAME	CLIFF BINNS	
STREET ADDRESS	109 POSEIDON		STREET ADDRESS	105 POSEIDON LN	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Ponte Vedra Bch fl 32082	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BINN, CLIFF		NAME	RICK MANSFIELD	
STREET ADDRESS	105 POSEIDON		STREET ADDRESS	595 PALMEZA DR.	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERBERT, JEFF		NAME	GUS POCIUS	
STREET ADDRESS	101 ABALONE LN		STREET ADDRESS	113 CAMINO TRAIL	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNETT, BUD		NAME	JIM DAVIS	
STREET ADDRESS	115 SANCHEZ DR W		STREET ADDRESS	100 CONCH CT.	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082	
TITLE	VP Director	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAUGHER, ROBERT		NAME	Fred Pauli	
STREET ADDRESS	90 NINA LANE		STREET ADDRESS	96 Abalone Lane 6	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Ponte Vedra Bch FL 32082	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: <i>Beli Davis</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

40012548



01242007 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

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