2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State
02-08-2008 90041 022 ****61.25

DOCUMENT # N96000000830

1. Entity Name
THE OAKBRIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
10036 SAWGRASS DRIVE
PONTE VEDRA BEACH, FL 32082

Mailing Address
C/O MAY MANAGEMENT
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

01192008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-3370513 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
MAY MANAGEMENT SERVICES INC
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

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

Filing Fee is $61.25
Due by May 1, 2008

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	T	☑ Delete	TITLE	Ron Marshall - Director	☐ Change ☑ Addition
NAME	GARRETT, BILL		NAME		
STREET ADDRESS	91 ABALONA LANE E.		STREET ADDRESS	108 Lucina Lane	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	D	☐ Delete	TITLE	Gus Pocius - president	☐ Change ☑ Addition
NAME	SMITH, BRAD		NAME		
STREET ADDRESS	109 POSEIDON		STREET ADDRESS	113 Camino Trail	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	D	☑ Delete	TITLE	Jim Davis - VP	☐ Change ☑ Addition
NAME	JORDAN, PAT		NAME		
STREET ADDRESS	111 POSEIDON LANE		STREET ADDRESS	100 Conch Court	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	D	☑ Delete	TITLE	Jeff Gerbert - treasurer	☐ Change ☑ Addition
NAME	BINNS, CLIFF		NAME		
STREET ADDRESS	105 POSEIDON LN		STREET ADDRESS	101 Abalone Ln W	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Ponte Vedra Beach, Fl 32082	
TITLE	S	☐ Delete	TITLE	Fred Pauli - D	☐ Change ☑ Addition
NAME	MANSFIELD, GUS		NAME		
STREET ADDRESS	595 PALMEZA LN		STREET ADDRESS	96 Abalone Lane E	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	D	☐ Delete	TITLE	John Machnic - D	☐ Change ☑ Addition
NAME	TAUGHER, ROBERT		NAME		
STREET ADDRESS	90 NINA LANE		STREET ADDRESS	95 Citrus Ln E	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Ponte Vedra Beach, 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 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: [signature] 01-28-2008 904 285-0162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #