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May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000000830 (7)

1. Corporation Name  
THE OAKBRIDGE HOMEOWNERS ASSOCIATION, INC.



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

3. Date incorporated or Qualified 02/16/1996 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-3370513 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARTLETT, BARON L  
615 HWY A1A, SUITE 101  
PONTE VEDRA BEACH FL 32082

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE  
NAME D'ANDREA, JIM  
STREET ADDRESS 10036 SAWGRASS DR.  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

1.1 TITLE Change Addition  
1.2 NAME Ken Benish  
1.3 STREET ADDRESS 108 Camino Trail  
1.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE D DELETE  
NAME FRAMPTON, HANK  
STREET ADDRESS 10036 SAWGRASS DR.  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

2.1 TITLE Change Addition  
2.2 NAME Theresa Means  
2.3 STREET ADDRESS 104 Triton Ct.  
2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE D DELETE  
NAME CARLSON, ANN  
STREET ADDRESS 10036 SAWGRASS DR.  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

3.1 TITLE Change Addition  
3.2 NAME Jerry Knight D  
3.3 STREET ADDRESS 101 Cordova Riena Ct.  
3.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE D DELETE  
NAME CULIN, DON  
STREET ADDRESS 10036 SAWGRASS DR.  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D DELETE  
NAME SHOFF, JEAN  
STREET ADDRESS 10036 SAWGRASS DR.  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D DELETE  
NAME RICCA, JIM  
STREET ADDRESS 10036 SAWGRASS DR.  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

6.1 TITLE Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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] 4-18-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076760

CR2E037 (9/96)