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FILED
Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000830 (7)
1. Corporation 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
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3. Date Incorporated or Qualified 02/16/1996	
4. FEI Number 59-3370513	Applied For <input type="checkbox"/> Not Applicable
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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ANDREA, JIM	1.2 NAME	P Gus Pocius
STREET ADDRESS	10036 SAWGRASS DR.	1.3 STREET ADDRESS	113 Camino Trail
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAMPTON, HANK	2.2 NAME	VP Dick Siegfried
STREET ADDRESS	10036 SAWGRASS DR.	2.3 STREET ADDRESS	102 Lucina Lane
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	2.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLSON, ANN	3.2 NAME	S Bill Garrett
STREET ADDRESS	10036 SAWGRASS DR.	3.3 STREET ADDRESS	91 Abalone Lane East
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	3.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENISH, KEN	4.2 NAME	T Marc Carlson
STREET ADDRESS	108 CAMINO TRAIL	4.3 STREET ADDRESS	100 Conch Court
CITY-ST-ZIP	PONTE VEDRA BEACH FL	4.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEANS, THERESA	5.2 NAME	D Jerry Knight
STREET ADDRESS	104 TRITON CT	5.3 STREET ADDRESS	101 Cordova Riena Ct.
CITY-ST-ZIP	PONTE VEDRA BEACH FL	5.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, JERRY	6.2 NAME	D Vera Poske
STREET ADDRESS	101 CORDOVA RIENA CT.	6.3 STREET ADDRESS	92 Rio Drive
CITY-ST-ZIP	PONTE VEDRA BEACH FL	6.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082

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: _____ **02-18-98**

CR2E037 (10/97)