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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000830

1. Corporation Name
THE OAKBRIDGE HOMEOWNERS ASSOCIATION, INC.

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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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/16/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3370513
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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		10. Name and Address of New Registered Agent	
BARTLETT, BARON L 615 HWY A1A, SUITE 101 PONTE VEDRA BEACH FL 32082		81 Name May Management Services	85 Zip Code 32082
		82 Street Address (P.O. Box Number is Not Acceptable) 10036 Sawgrass Drive	
		83 Suite #1	
		84 City Ponte Vedra Beach FL	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POCIUS, GUS	1.2 NAME	Robert Humphreys
STREET ADDRESS	113 CAMINO TRAIL	1.3 STREET ADDRESS	110 Abalone Lane west
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	1.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIEGFRIED, DICK	2.2 NAME	William Harrell
STREET ADDRESS	102 LUCINA LANE	2.3 STREET ADDRESS	95 Abalone Lane East
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	2.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARRETT, BILL	3.2 NAME	Linda Caldwell
STREET ADDRESS	91 ABALONE LANE EAST	3.3 STREET ADDRESS	617 Alhambra Court
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	3.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082
TITLE	President	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLSON, MARC	4.2 NAME	Jack Wilburn
STREET ADDRESS	100 CONCH COURT	4.3 STREET ADDRESS	95 Veranda Court
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	4.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082
TITLE	Vice President	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNIGHT, JERRY	5.2 NAME	Pam Tomlin
STREET ADDRESS	101 CORDOVA RIENA CT	5.3 STREET ADDRESS	111 Camino Trail
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	5.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POSKE, VERA	6.2 NAME	Biane Buckner
STREET ADDRESS	92 RIO DRIVE	6.3 STREET ADDRESS	631 Palmera Drive
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/2/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)