

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90149 001 ****61.25

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1. Entity Name

THE OAKBRIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10036 SAWGRASS DRIVE
 PONTE VEDRA BEACH FL 32082

10036 SAWGRASS DRIVE
 PONTE VEDRA BEACH FL 32082

710950



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3370513

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAY MANAGEMENT SERVICES

10056 SAWGRASS DR 10036
 STE 1
 PONTE VEDRA BEACH FL 32082

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
 HUMPHREYS, ROBERT Delete
 110 ABALONE LANE W
 PONTE VEDRA BEACH FL 32082

Change Add

D
 HARRELL, WILLIAM Delete
 92 ABALONE LANE E
 PONTE VEDRA BEACH FL 32082

Change Add

S
 GARRETT, BILL Delete
 91 ABALONE LANE EAST
 PONTE VEDRA BEACH FL 32082

Change Add

P
 CARLSON, MARC Delete
 100 CONCH COURT
 PONTE VEDRA BEACH FL 32082

Change Add

VP
 KNIGHT, JERRY Delete
 101 CORDOVA RIENA CT
 PONTE VEDRA BEACH FL 32082

D
 JACK LILBURN Change Add
 94 VOYAGER CT
 PONTE VEDRA Bch. FL 32082

D
 BUCKNER, BIANE Delete
 631 PALMERA DR
 PONTE VEDRA BEACH FL 32082

D
 SUSAN LYCKE Change Add
 97 VOYAGER CT
 PONTE VEDRA Bch FL 32082

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #