

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Worthington Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002121 (9)
1. Corporation Name
OAKBRIDGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 1350 E. NEWPORT CENTER DRIVE STE 200 DEERFIELD BEACH FL 33442	Mailing Address 1350 E. NEWPORT CENTER DRIVE STE 200 DEERFIELD BEACH FL 33442-7712
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3. Date Incorporated or Qualified 04/15/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 951 Broken Sound Parkway
22 City & State	27 STE
23 Zip Country	28 BOCA RATON, FL
24 Zip Country	29 33487 30 PA

4. FEI Number 65-0670497	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PULTE HOME CORPORATION
1350 E. NEWPORT CENTER DRIVE STE 200
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent

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 for 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

TITLE	PD <input type="checkbox"/> DELETE
NAME	SAN JOSE, TIRSO
STREET ADDRESS	1350 E. NEWPORT CENTER DRIVE STE 200
CITY - ST - ZIP	DEERFIELD BEACH FL 33442
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	MCAIR, WILLIE J
STREET ADDRESS	1350 E. NEWPORT CENTER DRIVE STE 200
CITY - ST - ZIP	DEERFIELD BEACH FL 33442
TITLE	STD <input type="checkbox"/> DELETE
NAME	HOLM, DRUSILLA
STREET ADDRESS	1350 E. NEWPORT CENTER DRIVE STE 200
CITY - ST - ZIP	DEERFIELD BEACH FL 33442
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FEATHER, RICHARD
1.3 STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE STD 200
1.4 CITY - ST - ZIP	DEERFIELD BEACH FL 33442
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 unchanged, or on an attachment with an address.

SIGNATURE _____ DATE **4/2/97**

CR2E037 (9/96)