

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N24232** (3)
1. Corporation Name
THE FALLS AT OAKBRIDGE OFFICE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **1301 GRASSLANDS BLVD. LAKELAND FL 33803**
Mailing Address: **1301 GRASSLANDS BLVD. LAKELAND FL 33803**

3. Date Incorporated or Qualified: **01/06/1988**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-2950133**
5. Certificate of Status Desired: \$8.75 Additional Fee 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
**CHASTAIN, C. RANDALL
1301 GRASSLANDS BLVD.
LAKELAND FL 33803**

10. Name and Address of New Registered Agent
81 Name: **Mark L. Marlow**
82 Street Address (P.O. Box Number is Not Acceptable): **1301 Grasslands Boulevard**
83
84 City: **Lakeland, FL** 85 Zip Code: **33803**

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: **Mark L. Marlow** (with signature) DATE: **4/17/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHASTAIN, CHARLES R	
STREET ADDRESS	1301 GRASSLANDS BLVD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DURHAM, RONALD O.	
STREET ADDRESS	530 BEACON PKWY WEST 800	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LONG, WILLIAM B	
STREET ADDRESS	3000 HIGHWAY 78 WEST	
CITY-ST-ZIP	JASPER AL	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marlow, Mark L.	
1.3 STREET ADDRESS	1301 Grasslands Blvd	
1.4 CITY-ST-ZIP	Lakeland, FL, 33803	
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	Asst Sec. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Walters, Thomas W.	
4.3 STREET ADDRESS	530 Beacon Parkway West	
4.4 CITY-ST-ZIP	Birmingham, Al.	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Mark L. Marlow** (with signature) DATE: **4/17/96**

CR2E037 (12/95)