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Sep 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N 24232 (3)
1. Corporation Name
The Falls At Oakbridge Office Condominium Association, Inc.
Updated Return

Principal Place of Business Mailing Address
3604 Harden Blvd. Lakeland, Fl. 33803 **3604 Harden Blvd. Lakeland, Fl. 33803**

3. Date Incorporated or Qualified **01/06/88** 3a. Date of Last Report **04/15/1997**
4. FEI Number **59-2950133** Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent
**Marlow, Mark L.
3604 Harden Blvd.
Lakeland, FL. 33830**

10. Name and Address of New Registered Agent
81. Name **Richard W. Barber**
82. Street Address (P.O. Box Number is Not Acceptable) **3604 Harden Blvd.**
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 **Richard W. Barber, President** *Richard W. Barber* 9-14-97 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marlow, Mark L.	1.2 NAME	Barber, Richard W.
STREET ADDRESS	1301 Grasslands Blvd.	1.3 STREET ADDRESS	3604 Harden Blvd.
CITY-ST-ZIP	Lakeland, FL	1.4 CITY-ST-ZIP	Lakeland, FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Durham, Ronald O.	2.2 NAME	Caso, Georgina A.
STREET ADDRESS	530 Beacon Pkwy W. #800	2.3 STREET ADDRESS	3604 Harden Blvd.
CITY-ST-ZIP	Birmingham, AL	2.4 CITY-ST-ZIP	Lakeland, FL
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Long, William B.	3.2 NAME	Long, William B.
STREET ADDRESS	3000 Highway 78 W.	3.3 STREET ADDRESS	530 Beacon Pkwy W.
CITY-ST-ZIP	Jasper, AL	3.4 CITY-ST-ZIP	Birmingham, AL
TITLE	ASD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walters, Thomas W.	4.2 NAME	
STREET ADDRESS	530 Beacon Pkwy. W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Birmingham, AL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Marlow, Mark L.
STREET ADDRESS		5.3 STREET ADDRESS	1950 Stonegate Dr. Suite 150
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Vestavia Hills, AL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	000002302940
STREET ADDRESS		6.3 STREET ADDRESS	-09/25/97--01009--012
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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 if changed, or on an attachment with an address.

SIGNATURE: **Richard W. Barber, President** *Richard W. Barber* 9-14-97 DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone # **941-647-1100**

CR2E037 (9/96)