

**NON-PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90004 005 ****70.00

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1. Corporation Name

OAK BRIDGE RUN CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

7628 N. 56TH STREET
SUITE 8
TAMPA, FL 33617

7628 N. 56TH STREET
SUITE 8
TAMPA, FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

WILLIAM C. SPIVEY

82 Street Address (P.O. Box Number is Not Acceptable)

7628 N. 56TH STREET

83

SUITE 8

84

TAMPA

FL

85 Zip Code

33617

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

PP

1.2 NAME

SANTIAGO, MARY

1.3 STREET ADDRESS

12414 N. 58TH STREET #65

1.4 CITY-ST-ZIP

TAMPA, FL 33617

2.1 TITLE

VD

2.2 NAME

MCGOWAN, BLAKE

2.3 STREET ADDRESS

12611 TOUCHTON DR #112

2.4 CITY-ST-ZIP

TAMPA, FL 33617

3.1 TITLE

TD

3.2 NAME

MCKENZIE, DOROTHY

3.3 STREET ADDRESS

5601 ASHLEY OAKS DRIVE #9

3.4 CITY-ST-ZIP

TAMPA, FL 33617

4.1 TITLE

SD

4.2 NAME

VOLKERT, CHAD

4.3 STREET ADDRESS

12425 TOUCHTON DR #78

4.4 CITY-ST-ZIP

TAMPA, FL 33617

5.1 TITLE

D

5.2 NAME

CUELLAR, JOE

5.3 STREET ADDRESS

5602 ASHLEY OAKS DRIVE #16

5.4 CITY-ST-ZIP

TAMPA, FL 33617

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, 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:

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

5/3/99

Date

988-4088

Daytime Phone #

CR2E034 (11/98)