

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 SEP 16 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748342 1. Entity Name OAK BRIDGE RUN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business UNIVERSITY PROP 7001 TEMPLE TER HWY TAMPA, FL 33637 US			Mailing Address UNIVERSITY PROP 7001 TEMPLE TER HWY TAMPA, FL 33637 US		
2. Principal Place of Business - No P.O. Box # 5008 W Linebaugh Ave		3. Mailing Address 5008 W Linebaugh Ave			
Suite, Apt. #, etc. Suite 15		Suite, Apt. #, etc. Suite 15			
City & State Tampa FL		City & State Tampa FL			
Zip 33624		Country USA		Zip 33624	
Country USA		Country USA			
4. FEI Number 59-2022238			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DUARLEZ, ANTONIO 6221 LAND O LAKES BLVD SPRING HILL, FL 34608			7. Name and Address of New Registered Agent Name Avelino Vide Street Address (P.O. Box Number is Not Acceptable) 5008 W Linebaugh Ave Suite 15 City Tampa FL Zip Code 33624		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  9-1-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTHWAY, AMANDA 5627 ASHLEY OAKS TAMPA, FL 33617 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KINCERD, CHRISTOPHER 12430 TOUCHTON DR #102 TAMPA, FL 33617 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kinkerd 00136105943 09/18/08--01047--008 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUIZ, KATHLEEN 12611 TOUCHTON DR 112 TAMPA, FL 33617 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kathleen <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONBROSKY, THOMAS 5626 ASHLEY OAKS #26 TAMPA, FL 33617 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERSON, ADAM 12414 TOUCHTON DR TAMPA, FL 33617 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			9-1-08 813-868-1104		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		