


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)-**

**FILED  
Apr 24, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # N03000004299**  
1. Entity Name  
**ASSOCIATION OF OAKBRIDGE HOMEOWNERS, INC.**



Principal Place of Business      Mailing Address  
**2531 S.W. CAMEO BLVD.  
PORT ST. LUCIE FL 34953**      **P. O. BOX 12812  
FORT PIERCE FL 34979**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/07)

6. Name and Address of Current Registered Agent  
**CASALINO, GREGG M ESQ  
3111 CARDINAL DRIVE  
VERO BEACH FL 32963**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable)      (NOTE: Registered Agent signature required when re-registering)      DATE

**FILE NOW - FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P</b> <input type="checkbox"/> Delete <b>GAPINSKI, GARY M</b> <b>2531 S.W. CAMEO BLVD.</b> <b>PORT ST. LUCIE FL 34953</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>CURRY, WARREN</b> <b>8505 LAKELAND BLVD.</b> <b>FORT PIERCE FL 34951</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>ST</b> <input type="checkbox"/> Delete <b>GRAZIANO, MARIE</b> <b>1352 BONEFISH COURT</b> <b>FORT PIERCE FL 34949</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000820432</b> <b>05/14/08-80044-002 61.25</b>
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"/> Change <input type="checkbox"/> Addition
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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 Section 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: Marie Graziano (MARIE GRAZIANO) 04/21/08 772-468-4795