

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

19965-1-94

B- 53809 C

DOCUMENT # N15679 (6)
1. Corporation Name
OAKBRIDGE OWNERS' ASSOCIATION NO. ONE, INC.



Principal Place of Business: 1301 GRASSLANDS BOULEVARD, LAKE LAND FL 33803
Mailing Address: 1301 GRASSLANDS BOULEVARD, LAKE LAND FL 33803

3. Date Incorporated or Qualified: 07/01/1986
3a. Date of Last Report: 04/25/1995
4. FEI Number: 59-2875344
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 (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**CHASTAIN, RANDALL C.
1301 GRASSLAND BOULEVARD
LAKE LAND 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 (Signature, typed or printed name of registered agent and title if applicable) DATE: 4/17/96 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	CHASTAIN, C. RANDALL	
STREET ADDRESS	1301 GRASSLANDS BLVD	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LONG, WILLIAM B.	
STREET ADDRESS	530 BEACON PARKWAY W	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DURHAM, RONALD O	
STREET ADDRESS	530 BEACON PARKWAY #800	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUESCH, KEVIN	
STREET ADDRESS	3311 BARLEY LANE	
CITY-ST-ZIP	LAKE LAND FL	
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	PTD	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Asst Sec D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Walters, Thomas W.	
5.3 STREET ADDRESS	530 Beacon Parkway West	
5.4 CITY-ST-ZIP	Birmingham Al.	
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 if changed, or in an attachment with an address.

SIGNATURE: Mark Marlow (Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: 4/17/96 DAYTIME PHONE #

CR2E037 (12/95)