

FILE NOW: FILING FEE IS \$61.25

FILED  
Sep 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N 15679 (6)**  
1. Corporation Name  
**Oakbridge Owners' Association No. One, Inc.**  
**Updated Return**

Principal Place of Business <b>3604 Harden Blvd. Lakeland, Fl. 33803</b>	Mailing Address <b>3604 Harden Blvd. Lakeland, Fl. 33803</b>
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3. Date Incorporated or Qualified <b>07/01/1986</b>		3a. Date of Last Report <b>04/15/1997</b>	
2. Principal Place of Business		4. FEI Number <b>59-2875344</b>	
21. Suite, Apt #, etc.		Applied For Not Applicable	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**Marlow, Mark L.**  
**3604 Harden Blvd.**  
**Lakeland, Fl. 33803**

**10. Name and Address of New Registered Agent**

81 Name <b>Richard W. Barber</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3604 Harden Blvd.</b>
83
84 City <b>Lakeland</b>
85 Zip Code <b>FL 33803</b>

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**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE <b>PTD</b>	NAME <b>Marlow, Mark L.</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>1301 Grasslands Blvd.</b>		
CITY-ST-ZIP <b>Lakeland, FL.</b>		
TITLE <b>SD</b>	NAME <b>Long, William B.</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>530 Beacon Pkwy W.</b>		
CITY-ST-ZIP <b>Birmingham, AL</b>		
TITLE <b>VD</b>	NAME <b>Durham, Ronald O #800</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>530 Beacon Pkwy</b>		
CITY-ST-ZIP <b>Birmingham, AL</b>		
TITLE <b>D</b>	NAME <b>Berryman, Mary</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>3028 Bridgefield Drive</b>		
CITY-ST-ZIP <b>Lakeland, FL</b>		
TITLE <b>SD</b>	NAME <b>Walters, Thomas W.</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>530 Beacon Pkwy W.</b>		
CITY-ST-ZIP <b>Birmingham, AL</b>		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

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

1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
1.2 NAME <b>Barber, Richard W.</b>	
1.3 STREET ADDRESS <b>3604 Harden Blvd.</b>	
1.4 CITY-ST-ZIP <b>Lakeland, FL</b>	
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 <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Marlow, Mark L.</b>	
3.3 STREET ADDRESS <b>1950 Stonegate Dr. Suite #150</b>	
3.4 CITY-ST-ZIP <b>Vestavia Hills, AL</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>200002302942</b>	
5.3 STREET ADDRESS <b>-09/25/97--01009--013</b>	
5.4 CITY-ST-ZIP <b>***61.25</b>	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>T. Caso, Georgina A.</b>	
6.3 STREET ADDRESS <b>3604 Harden Blvd.</b>	
6.4 CITY-ST-ZIP <b>Lakeland, FL</b>	

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** **941-647-1100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)