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**Apr 14, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N15679**

1. Corporation Name

**OAKBRIDGE OWNERS' ASSOCIATION NO. ONE, INC.**

Principal Place of Business

3604 HARDEN BLVD  
 LAKELAND FL 33803  
 US

Mailing Address

3604 HARDEN BLVD.  
 LAKELAND FL 33803  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

07/01/1986

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

9. Name and Address of Current Registered Agent

BARBER, RICHARD W  
 3604 HARDEN BLVD.  
 LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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  DELETE  
 NAME VD  
 MARLOW, MARK L.  
 STREET ADDRESS 1950 STONEGATE DR. SUITE #150  
 CITY-ST-ZIP VESTAVIA HILLS AL

TITLE  DELETE  
 NAME SD  
 LONG, WILLIAM B.  
 STREET ADDRESS 530 BEACON PARKWAY W  
 CITY-ST-ZIP BIRMINGHAM AL

TITLE  DELETE  
 NAME PD  
 BARBER, RICHARD W  
 STREET ADDRESS 3604 HARDEN BLVD  
 CITY-ST-ZIP LAKELAND FL 33803

TITLE  DELETE  
 NAME D  
 BERRYMAN, MARY  
 STREET ADDRESS 3328 BRIDGEFIELD DRIVE  
 CITY-ST-ZIP LAKELAND FL

TITLE  DELETE  
 NAME SD  
 WALTERS, THOMAS W.  
 STREET ADDRESS 530 BEACON PKWY WEST  
 CITY-ST-ZIP BIRMINGHAM AL

TITLE  DELETE  
 NAME T  
 CASO, GEORGINA A  
 STREET ADDRESS 3604 HARDEN BLVD  
 CITY-ST-ZIP LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME D  
 JERI THOM  
 4.3 STREET ADDRESS 3320 BRIDGEFIELD DR  
 4.4 CITY-ST-ZIP LAKELAND, FL 33803

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 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 617, 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:

*Signature Required*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-99

Date

941-647-1100

Daytime Phone #

CR2E037 (1/98)