

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90027 044 \*\*\*\*61.25



DOCUMENT # N15679  
 1. OAKBRIDGE OWNERS' ASSOCIATION NO. ONE, INC.

3604 HARDEN BLVD  
 LAKELAND, FL 33803 US

3604 HARDEN BLVD.  
 LAKELAND, FL 33803 US

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

01272004 Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-2875344

Applied For  
 Not Applicable



6. Name and Address of Current Registered Agent  
 BARBER, RICHARD W  
 3604 HARDEN BLVD.  
 LAKELAND, FL 33803

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 FL

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

Filing Fee is \$61.25 Due by May 1, 2004

9. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

| 10. <input type="checkbox"/> Delete |                               | 11. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                            |
|-------------------------------------|-------------------------------|--|----------------------------|
| TITLE                               | VD                            | TITLE  | VD                         |
| NAME                                | MARLOW, MARK L.               | NAME   | SPARKS, GRADY              |
| STREET ADDRESS                      | 1950 STONEGATE DR. SUITE #150 | STREET ADDRESS   | 79-285 RANCHO LA QUINTA DR |
| CITY-ST-ZIP                         | VESTAVIA HILLS, AL            | CITY-ST-ZIP  | LA QUINTA, CA 92253        |
| TITLE                               | SD                            | TITLE  |                            |
| NAME                                | LONG, WILLIAM B.              | NAME   |                            |
| STREET ADDRESS                      | 530 BEACON PARKWAY W          | STREET ADDRESS   |                            |
| CITY-ST-ZIP                         | BIRMINGHAM, AL                | CITY-ST-ZIP  |                            |
| TITLE                               | PD                            | TITLE  |                            |
| NAME                                | BARBER, RICHARD W             | NAME   |                            |
| STREET ADDRESS                      | 3604 HARDEN BLVD              | STREET ADDRESS   |                            |
| CITY-ST-ZIP                         | LAKELAND, FL 33803            | CITY-ST-ZIP  |                            |
| TITLE                               | T                             | TITLE  |                            |
| NAME                                | TORRES, FRANCISCO             | NAME   |                            |
| STREET ADDRESS                      | 3604 HARDEN                   | STREET ADDRESS   |                            |
| CITY-ST-ZIP                         | LAKELAND, FL 33803            | CITY-ST-ZIP  |                            |
| TITLE                               |                               | TITLE  |                            |
| NAME                                |                               | NAME   |                            |
| STREET ADDRESS                      |                               | STREET ADDRESS   |                            |
| CITY-ST-ZIP                         |                               | CITY-ST-ZIP  |                            |
| TITLE                               |                               | TITLE  |                            |
| NAME                                |                               | NAME   |                            |
| STREET ADDRESS                      |                               | STREET ADDRESS   |                            |
| CITY-ST-ZIP                         |                               | CITY-ST-ZIP  |                            |

12. 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 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: Richard Barber Date: 1/29/04 Daytime Phone #: 863-647-1100x 223

Richard Barber