


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 09, 2005 8:00 am**  
**Secretary of State**

08-09-2005 90003 006 \*\*\*\*61.25

50060742



DOCUMENT # N15679					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07252005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2875344	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARBER, RICHARD W 3604 HARDEN BLVD. LAKELAND, FL 33803			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARKS, GRADY		NAME		
STREET ADDRESS	79-285 RANCHO LA QUINTA DR.		STREET ADDRESS		
CITY-ST-ZIP	LA QUINTA, CA 92253		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, WILLIAM B		NAME		
STREET ADDRESS	530 BEACON PARKWAY W		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, RICHARD W		NAME		
STREET ADDRESS	3604 HARDEN BLVD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSSELL, DONALD R.		NAME	FUSSELL, DONALD R.	
STREET ADDRESS	3604 HARDEN		STREET ADDRESS	3604 HARDEN BLVD	
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Barber</u>			Date: <u>8/2/05</u> Daytime Phone #: <u>8636471100-X237</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		