


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90009 044 \*\*\*\*61.25

**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
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40027481

**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2875344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 MASS, LEONARD  
 3604 HARDEN BLVD  
 LAKELAND, FL 33803

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPARKS, GRADY 79-285 RANCHO LA QUINTA DR. LA QUINTA, CA 92253
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LONG, WILLIAM B 530 BEACON PARKWAY W BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASS, LEONARD 3604 HARDEN BLVD LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FUSSELL, DONALD R 3604 HARDEN BLVD LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **LEONARD MASS** **FEB 13 2007** **863-647-1100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #