


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90016 042 ****61.25

DOCUMENT # N15679 1. Entity Name OAKBRIDGE OWNERS' ASSOCIATION NO. ONE, INC.	
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Principal Place of Business 3604 HARDEN BLVD LAKELAND, FL 33803 US	Mailing Address 3604 HARDEN BLVD. LAKELAND, FL 33803 US
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-NP CR2E037 (4/06)

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

MASS. LEONARD
 3604 HARDEN BLVD
 LAKELAND, FL 33803

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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 _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2008

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, 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: Donald R. Fussell Date: 2/18/08
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #