

**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.



Principal Place of Business  
3604 HARDEN BLVD  
LAKELAND, FL 33803 US

Mailing Address  
3604 HARDEN BLVD.  
LAKELAND, FL 33803 US



01102008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2875344

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** 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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #