

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24232 (3)

1. Corporation Name

THE FALLS AT OAKBRIDGE OFFICE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**1301 GRASSLANDS BLVD.
LAKELAND FL 33803**

**1301 GRASSLANDS BLVD.
LAKELAND FL 33803**

3. Date Incorporated or Qualified
01/06/1988

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number
59-2950133

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**CHASTAIN, C. RANDALL
1301 GRASSLANDS BLVD.
LAKELAND FL 33803**

81

Name

Mark L. Marlow

82

Street Address (P.O. Box Number is Not Acceptable)

1301 Grasslands Boulevard

83

84

City

Lakeland,

FL

85 Zip Code
33803

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Mark L. Marlow**

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

(NOTE: Registered Agent signature required when reinstating)

4/17/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **CHASTAIN, CHARLES R**
STREET ADDRESS **1301 GRASSLANDS BLVD.**
CITY-ST-ZIP **LAKELAND FL**

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **Marlow, Mark L.**
1.3 STREET ADDRESS **1301 Grasslands Blvd**
1.4 CITY-ST-ZIP **Lakeland, FL. 33803**

TITLE **TD** ☐ DELETE
NAME **DURHAM, RONALD O.**
STREET ADDRESS **530 BEACON PKWY WEST 800**
CITY-ST-ZIP **BIRMINGHAM AL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **LONG, WILLIAM B**
STREET ADDRESS **3000 HIGHWAY 78 WEST**
CITY-ST-ZIP **JASPER AL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Asst Sec. D**
4.3 STREET ADDRESS **Walters, Thomas W.**
4.4 CITY-ST-ZIP **530 Beacon Parkway West**
Birmingham, Al.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E037 (12/95)