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FILED

Apr 29 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>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 33803-5401**



3. Date Incorporated or Qualified  
**01/06/1988**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

**21 3604 HARDEN BLVD**

**26 3604 HARDEN BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 LAKELAND, FL**

**28 LAKELAND, FL**

Zip

Country

Zip

Country

**24 33803**

**25**

**29 33803**

**30**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARLOW, MARK L.  
1301 GRASSLANDS BLVD  
LAKELAND FL 33803**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)  
**3604 HARDEN BLVD**

**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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **MARLOW, MARK**  
STREET ADDRESS **1301 GRASSLANDS BKVD**  
CITY- ST- ZIP **LAKELAND FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

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 **ASD** ☐ DELETE  
NAME **WALTERS, THOMAS W.**  
STREET ADDRESS **530 BEACON PARKWAY WEST**  
CITY- ST- ZIP **BRIMINGHAM AL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE

**MARLOW, MARK L.** 4/29/97

CR2E037 (9/96)