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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N 24232 (3) 1. Corporation Name The Falls At Oakbridge Office Condominium Association, Inc. Updated Return			
Principal Place of Business 3604 Harden Blvd. Lakeland, FL. 33803		Mailing Address 3604 Harden Blvd. Lakeland, FL. 33803	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 01/06/88		3a. Date of Last Report 04/15/1997	
4. FEI Number 59-2950133		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent Marlow, Mark L. 3604 Harden Blvd. Lakeland, FL. 33830		10. Name and Address of New Registered Agent 81 Name Richard W. Barber 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 Richard W. Barber, President DATE 9-14-97 (NOTE: Registered Agent signature required when reinstalling)			
12. OFFICERS AND DIRECTORS TITLE PD <input checked="" type="checkbox"/> DELETE NAME Marlow, Mark L. STREET ADDRESS 1301 Grasslands Blvd. CITY-ST-ZIP Lakeland, FL TITLE TD <input checked="" type="checkbox"/> DELETE NAME Durham, Ronald O. STREET ADDRESS 530 Beacon Pkwy W. #800 CITY-ST-ZIP Birmingham, AL TITLE SD <input type="checkbox"/> DELETE NAME Long, William B. STREET ADDRESS 3000 Highway 78 W. CITY-ST-ZIP Jasper, AL TITLE ASD <input type="checkbox"/> DELETE NAME Walters, Thomas W. STREET ADDRESS 530 Beacon Pkwy. W. CITY-ST-ZIP Birmingham, AL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Barber, Richard W. 1.3 STREET ADDRESS 3604 Harden Blvd. 1.4 CITY-ST-ZIP Lakeland, FL 2.1 TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Caso, Georgina A. 2.3 STREET ADDRESS 3604 Harden Blvd. 2.4 CITY-ST-ZIP Lakeland, FL 3.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Long, William B. 3.3 STREET ADDRESS 530 Beacon Pkwy W. 3.4 CITY-ST-ZIP Birmingham, AL 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME Marlow, Mark L. 5.3 STREET ADDRESS 1950 Stonegate Dr. Suite 150 5.4 CITY-ST-ZIP Vestavia Hills, AL 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: **Richard W. Barber, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-647-1100

CR2E037 (9/96)