

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24232** (3)

1. Corporation Name

THE FALLS AT OAKBRIDGE OFFICE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3804 HARDEN BLVD.
LAKELAND FL 33803
US**

**3804 HARDEN BLVD.
LAKELAND FL 33803
US**

3. Date Incorporated or Qualified

01/06/1988

4. FEI Number

59-2950133

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARBER, RICHARD W
3804 HARDEN BLVD
LAKELAND FL 33803**

81 Name

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

83

84 City

FL

85 Zip Code

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARLOW, MARK L	
STREET ADDRESS	1850 STONEGATE DR. SUITE 150	
CITY - ST - ZIP	VESTAVIA HILLS AL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARBER, RICHARD W	
STREET ADDRESS	3804 HARDEN BLVD.	
CITY - ST - ZIP	LAKELAND FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LONG, WILLIAM B	
STREET ADDRESS	530 BEACON PKWY W.	
CITY - ST - ZIP	BIRMINGHAM AL	

TITLE	ASD	<input type="checkbox"/> DELETE
NAME	WALTERS, THOMAS W.	
STREET ADDRESS	530 BEACON PARKWAY WEST	
CITY - ST - ZIP	BIRMINGHAM AL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	CASO, GEORGINA A	
STREET ADDRESS	3804 HARDEN BLVD.	
CITY - ST - ZIP	LAKELAND FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

MANUAL CHECK
CK. # **7354** SIG. **4/15/98**
BY: **4/15/98**

14. I 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:

[Signature] **4/15/98** **800 6771301**

CR2E037 (10/97)