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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003102

1. Corporation Name

**OAKBRIDGE AT LAKELAND CONDOMINIUM ASSOCIATION, I
NC.**

Principal Place of Business

3110 OAKBRIDGE BLVD. EAST
LAKELAND FL 33803

Mailing Address

3110 OAKBRIDGE BLVD. EAST
LAKELAND FL 33803



2. Principal Place of Business

21 10065 Red Run Blvd

Suite, Apt. #, etc.

22 City & State

23 Owings Mills MD

Zip Country

24 21117 25 USA

2a. Mailing Address

26 10065 Red Run Blvd

Suite, Apt. #, etc.

27 City & State

28 Owings Mills MD

Zip Country

29 21117 30 USA

3. Date incorporated or Qualified

06/27/1995

4. FEI Number

91-1712691

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

9. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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 **D** ☒ DELETE
NAME **LEVIN, MARC**
STREET ADDRESS **C/O 3110 OAKBRIDGE BLVD. EAST**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D** ☒ DELETE
NAME **BRANDSTROM, RAYMOND R**
STREET ADDRESS **C/O 3110 OAKBRIDGE BLVD. EAST**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D** ☒ DELETE
NAME **MCCANLESS, SUZETTE**
STREET ADDRESS **C/O 3110 OAKBRIDGE BLVD. EAST**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **Taylor Pickett**
1.3 STREET ADDRESS **10065 Red Run Blvd**
1.4 CITY-ST-ZIP **Owings Mills, MD 21117**

2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **mark Fulchino**
2.3 STREET ADDRESS **10065 Red Run Blvd**
2.4 CITY-ST-ZIP **Owings Mills, MD 21117**

3.1 TITLE **T** ☐ Change ☒ Addition
3.2 NAME **Robert Stephenson**
3.3 STREET ADDRESS **10065 Red Run Blvd**
3.4 CITY-ST-ZIP **Owings Mills, MD 21117**

4.1 TITLE **S/D** ☐ Change ☒ Addition
4.2 NAME **marc B. Levin**
4.3 STREET ADDRESS **10065 Red Run Blvd**
4.4 CITY-ST-ZIP **Owings Mills MD 21117**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Marshall A. Elkins**
5.3 STREET ADDRESS **10065 Red Run Blvd**
5.4 CITY-ST-ZIP **Owings Mills MD 21117**

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

410 998 8578

CR2E037 (1/98)