


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90149 003 ****70.00

DOCUMENT # N32238			
1. Entity Name OAK BEND MOBILE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business OAKBEND MHA, INC. 14822 CATRINA LOOP HUDSON FL 34667 US		Mailing Address OAKBEND MHA, INC. 14822 CATRINA LOOP HUDSON FL 34667 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1285198		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMLER, SUSAN M 14803 CATRINA LOOP HUDSON FL 34667		7. Name and Address of New Registered Agent Name <u>Nel Champeau</u> Street Address (P.O. Box Number is Not Acceptable) <u>14730 Catrina loop</u> <u>Hudson Florida</u> City <u>Hudson Florida</u> State <u>FL</u> Zip Code <u>34667</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.		SIGNATURE <u>Lonnie Champeau</u> (NOTE: Registered Agent signature required when reinstating)	
DATE <u>3-26-07</u>		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIMLER, SUSAN M 14803 CATRINLA LOOP HUDSON FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Robert Lund <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14826 Catrina loop Hudson Florida 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MEYER, OMER 14803 SWOOPS LOOP HUDSON FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Nel Champeau <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14730 Catrina loop Hudson Florida 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NICKERSON, JUDY 14807 CATRINA LOOP HUDSON FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Evelyn Dushak <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14734 Swoopes loop Hudson Florida 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GARCIA, KAREN 14731 CATRINA LOOP HUDSON FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Heather D'Angela <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14800 Shark St Hudson Florida 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LUND, ROBERT 14826 CATRINA LOOP HUDSON FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Barry Wilkes <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14807 Shark St Hudson Florida 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIMLER, SUSAN 14803 CATRINA LOOP HUDSON FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Heather D'Angela [Signature] 727 563 9694
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deleters Phone #