

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32238

**FILED  
Feb 25, 2014  
Secretary of State  
CC9117132533**

**Entity Name:** OAK BEND MOBILE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

OAKBEND MHA, INC.  
14822 CATRINA LOOP  
HUDSON, FL 34667

**Current Mailing Address:**

OAKBEND MHA, INC.  
14822 CATRINA LOOP  
HUDSON, FL 34667 US

**FEI Number:** 59-1285198

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SIMLER, SUSAN  
14803 CATRINA LOOP  
HUDSON, FL 34667 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name RICH, RICHARD  
Address 14731 SWOPES LOOP  
City-State-Zip: HUDSON FL 34667

Title DVP  
Name DUCA, DENISE  
Address 14721 SWOPES LOOP  
City-State-Zip: HUDSON FL 34667

Title DT  
Name ARTHUR, JILL  
Address 14739 CATRINA LOOP  
City-State-Zip: HUDSON FL 34667

Title DS  
Name SIMLER, SUE  
Address 14822 CATRINA LOOP  
City-State-Zip: HUDSON FL 34667

Title DT  
Name TURKINGTON, CATHY  
Address 14817 SWOOPS LOOP  
City-State-Zip: HUDSON FL 34667

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JILL ARTHUR

**TREASURER**

**02/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date