

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32238

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:**BOYD, MARTHA COMBS
14819 SHARK STREET
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:** MARTHA C BOYD

02/27/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D/TRUSTEE
Name LAKE, NOREEN
Address 14817 SWOPES LOOP
City-State-Zip: HUDSON FL 34667

Title D/TREASURER
Name BONG, MARY
Address 14725 SWIPES LOOP
City-State-Zip: HUDSON FL 34667

Title D/SECRETARY
Name ROBARGE, PAT
Address 14814 SHARK STREET
City-State-Zip: HUDSON FL 34667

Title D/PRESIDENT
Name BOYD, MARTHA
Address 14819 CATRINA LOOP
City-State-Zip: HUDSON FL 34667

Title D/VICE PRESIDENT
Name PERNA, DON
Address 14811 SHARK STREET
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: MARTHA C BOYD

PRESIDENT

02/27/2019

Electronic Signature of Signing Officer/Director Detail

Date