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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N32238

1. Corporation Name

OAK BEND MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

OAKBEND
 14803 SHARK ST.
 HUDSON FL 34667
 US

RICHARD KAMPENGA
 14803 SHARK ST.
 HUDSON FL 34667
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

05/11/1989

22 City & State

27 City & State

4. FEI Number

Applied For
 Not Applicable

59-1285198

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAMPENGA, RICHARD
 14803 SHARK ST.
 HUDSON FL 34607

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 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE DP
 NAME KAMPENGA, RICHARD
 STREET ADDRESS 14803 SHARK ST.
 CITY-ST-ZIP HUDSON FL

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DV
 NAME CHAMLEY, CHARLES
 STREET ADDRESS 14800 CATRINA LOOP
 CITY-ST-ZIP HUDSON FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS 14800 SWOPES LOOP
 2.4 CITY-ST-ZIP

TITLE S
 NAME GRAY, DAVID
 STREET ADDRESS 14813 SWAPES LOOP
 CITY-ST-ZIP HUDSON FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS 14813 SWOPES LOOP
 3.4 CITY-ST-ZIP

TITLE T
 NAME VAN DEN HEUVEL, KATHERINE
 STREET ADDRESS 14816 CATRINA LOOP
 CITY-ST-ZIP HUDSON FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE D
 NAME DARRAEH, PEG
 STREET ADDRESS 14821 SWOPES LOOP
 CITY-ST-ZIP HUDSON FL 34667

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Richard Kampenga* SIGNATURE REQUIRED KAMPENGA 3/21/99 727-862-3261
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)