

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

04-13-2001 90041 024 ****61.25

DOCUMENT # N32238

Entity Name

OAK BEND MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

OAKBEND
14727 SWOPES LOOP
HUDSON FL 34667
US

~~THOMAS HARSHMAN~~
~~14727 SWOPES LOOP~~
~~HUDSON FL 34667~~
~~US~~
K. AMES
14826 CATRINA
HUDSON FL 34667



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1285198**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARSHMAN, THOMAS
14727 SWOPES LOOP
HUDSON FL 34607

Name **KEN AMES**
Street Address (P.O. Box Number is Not Acceptable)
14826 CATRINA LOOP
City **HUDSON** FL Zip Code **34667**

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.

SIGNATURE *Kenneth W. Ames* **KENNETH W. AMES PRESIDENT 04-27-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ~~DP HARSHMAN, THOMAS~~ Delete
STREET ADDRESS ~~14727 SWOPES LOOP~~
CITY-ST-ZIP ~~HUDSON FL 34667~~

TITLE NAME **DP KEN AMES** Change Addition
STREET ADDRESS **14826 CATRINA LOOP**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE NAME ~~DV SDRRELL, HARRY~~ Delete
STREET ADDRESS ~~14802 SWOPES LOOP~~
CITY-ST-ZIP ~~HUDSON FL 34667~~

TITLE NAME **DV JESSIE BURGESS** Change Addition
STREET ADDRESS **14819 SHARK STREET**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE NAME ~~S POTJE, JOHN~~ Delete
STREET ADDRESS ~~14806 SHARK ST~~
CITY-ST-ZIP ~~HUDSON FL 34667~~

TITLE NAME **S RON WILLIAMS** Change Addition
STREET ADDRESS **14813 CATRINA LOOP**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE NAME ~~T HARSHMAN, DIANE~~ Delete
STREET ADDRESS ~~14727 SWOPES LOOP~~
CITY-ST-ZIP ~~HUDSON FL 34667~~

TITLE NAME **TR. Phyllis R. AYVAZIAN** Change Addition
STREET ADDRESS **14728 CATRINA LOOP**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE NAME ~~D LEE, VIRGINIA M.~~ Delete
STREET ADDRESS ~~14804 SWOPES LOOP~~
CITY-ST-ZIP ~~HUDSON FL 34667~~

TITLE NAME **TRUSTEE VIRGINIA M LEE** Change Addition
STREET ADDRESS **14804 CATRINA LOOP**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: **SIGNATURE REQUIRED** *Phyllis R. Ayvazian Trustee* **4-10-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **787-819-3650**

CR2E037 (10/00)