

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

03-13-2002 90079 024 ****61.25

DOCUMENT # N32238

1. Entity Name

OAK BEND MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

OAKBEND MHA, INC.
 14727 SWOPES LOOP
 HUDSON FL 34667
 US

*AMES - OAK BEND MHA, INC.
 14826 CATRINA LOOP
 HUDSON FL 34667
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

14822 CATRINA LOOP

14822 CATRINA LOOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HUDSON, FL

City & State

HUDSON, FL

4. FEI Number

59-1285198

Applied For

Not Applicable

Zip

34667

Country

USA

Zip

34667

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

LEE HANSON

Street Address (P.O. Box Number is Not Acceptable)

1474 SHARK ST

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

Lee Hanson (LEE HANSON, PRESIDENT)

2/28/2002

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: DP
 NAME: AMES, KEN
 STREET ADDRESS: 14826 CATRINA LOOP
 CITY-ST-ZIP: HUDSON FL 34667
 Delete

TITLE: PRESIDENT (P) (D)
 NAME: LEE HANSON
 STREET ADDRESS: 1474 SHARK ST.
 CITY-ST-ZIP: HUDSON, FL 34667
 Change Addition

TITLE: DV
 NAME: BURGESS, JESSIE
 STREET ADDRESS: 14819 SHARK STREET
 CITY-ST-ZIP: HUDSON FL 34667
 Delete

TITLE: S
 NAME: JESSIE BURGESS
 STREET ADDRESS: 14819 SHARK ST
 CITY-ST-ZIP: HUDSON, FL 34667
 Change Addition

TITLE: S
 NAME: WILLIAMS, RON
 STREET ADDRESS: 14813 CATRINA LOOP
 CITY-ST-ZIP: HUDSON FL 34667
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: TR
 NAME: AYVAZIAN, PHYLLIS R
 STREET ADDRESS: 14728 CATRINA LOOP
 CITY-ST-ZIP: HUDSON FL 34667
 Delete

TITLE: TREASURER
 NAME: GLACE DANISH
 STREET ADDRESS: 14738 SWOPES LOOP
 CITY-ST-ZIP: HUDSON, FL 34667
 Change Addition

TITLE: T
 NAME: LEE, VIRGINIA
 STREET ADDRESS: 14804 SWOPES LOOP
 CITY-ST-ZIP: HUDSON FL 34667
 Delete

TITLE: (TRUSTEE)
 NAME: MAURY LOAN
 STREET ADDRESS: 14721 SWOPES LOOP
 CITY-ST-ZIP: HUDSON, FL 34667
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: VP
 NAME: IRENE GIRAGOSIAN (D)
 STREET ADDRESS: 1474 SHARK ST
 CITY-ST-ZIP: HUDSON, FL 34667
 Change Addition

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:

Lee Hanson (LEE HANSON, PRESIDENT)

2/28/2002

787-819-8899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)