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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 29 AM 7:13

**DOCUMENT # N48627 (6)**  
1. Corporation Name  
**OAK BEND HOMEOWNERS ASSOCIATION, INCORPORATED**

Principal Place of Business Mailing Address  
**A-124 10620 SW 27TH AVE. OCALA FL 32676** **A-124 10620 SW 27TH AVE. OCALA FL 32676**

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>04/29/1992</b>  | 3a. Date of Last Report<br><b>04/25/1994</b> |
| 4. FEI Number<br><b>59-3117022</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>  | <b>\$68.75</b> Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suits, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 24 Zip <b>34476</b>            | 25 Country             |
| 28 Zip <b>34476</b>            | 29 Country             |

9. Name and Address of Current Registered Agent  
**KREMERS, GERHARD  
10620 SW 27TH AVE.  
A-124  
OCALA FL 32676**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 85 Zip Code   |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                         |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DP<br/>HUGGINS BARBARA<br/>10620 SW 27 AVE J002<br/>OCALA FL</b>     | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <b>DP SUNDIE BETTY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>10620 S.W. 27TH AVE K-003<br/>OCALA FL 34476</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>YUNGKURTH, ERROL<br/>10620 SW 27TH AVE, A-102<br/>OCALA FL</b> | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>No change</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DS<br/>SUNDIE BETTY<br/>10620 SW 27TH AVE K-003<br/>OCALA FL</b>     | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>D.S<br/>AGNEW, ROSE<br/>10620 S.W. 27TH AVE. C-004<br/>OCALA, FL 34476</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DT<br/>BARTELS, DONALD<br/>10620 SW 27TH AVE, G-010<br/>OCALA FL</b> | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>DT<br/>CHRISTIE, FLOYD<br/>10620 S.W. 27TH AVE. A-026</b>                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>MENDELL MILDRED<br/>10620 SW 27TH AVE G-005<br/>OCALA FL</b>   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>No change</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VD<br/>KREMERS GERHARD<br/>10620 SW 27TH AVE A-108<br/>OCALA FL</b>  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>VD<br/>NORMAN, CARMEN<br/>10620 S.W. 27TH AVE. G-006<br/>OCALA, FL 34476</b> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Betty D Sundie March 27, 1995 904-231-1871  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)