


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

9/15/2004-90003-018-\$61.25-\$61.25

<b>DOCUMENT # N48627</b>			
1. Entity Name <b>OAK BEND HOMEOWNERS ASSOCIATION, INCORPORATED</b>			
Principal Place of Business A-124 10620 SW 27TH AVE. OCALA FL 34476 US		Mailing Address A-076 10620 SW 27TH AVE OCALA FL 34476 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <del>XXXX</del> I-020 Suite, Apt. #, etc. <del>XXXX</del> 10620 SW 27th Ave., I-020 MOORE CR2E037 (4/04)	
City & State		City & State Ocala, FL 34476	
Zip		4. FEI Number <b>59-3117022</b>	
Country		Country Marion	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  SLATER, DORTHY 10620 SW 27TH AVE D 11 OCALA FL 34476 <i>STATEMENT 04</i>		7. Name and Address of New Registered Agent Name <b>GARY JOHNSTON</b> Street Address (P.O. Box Number is Not Acceptable) <del>XXXX</del> 10620 SW 27th Ave. I-020 City Ocala FL Zip Code 34476	
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. I am familiar with, and accept the obligations of registered agent <b>Johnston</b> SIGNATURE <u>Gary XXXXXXXX, President</u> <i>Gary R Johnston</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW: FEE IS \$61.25 Due By September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SLATER, DOROTHY 10620 SW 27TH AVE OCALA FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Johnston, Gary <del>XXXX</del> 10620 SW 27th Ave. I-020 Ocala, FL 34476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MITTENDORF, BARBARA 10620 SW 27TH AVE A 114 OCALA FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Beacham, James 10620 SW 27th Ave. M-002 Ocala, FL 34476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MEIER, MARILYN 10620 SW 27TH AVE G 002 OCALA FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Frey, Violet 10620 SW 27th Ave H-001 Ocala, FL 34476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SUNDIE, BETTY D 10620 SW 27TH AVE K-3 OCALA FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Powell, Carol 10620 SW 27th Ave. A-030 Ocala, FL 34476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, CAROL 10620 SW 27TH AVE A 30 OCALA FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kalin, Walter 10620 SW 27th Ave. D-011 Ocala, FL 34476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ALBERT 10620 SW 27TH AVE F 11 OCALA FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rowland, Ed 10620 SW 27th Ave. K-006 Ocala, FL 34476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <i>Gary R Johnston</i> Gary Johnston, President		Date 291-2995 Daytime Phone #	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

