



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90031 032 ****61.25

DOCUMENT # N48627					
1. Entity Name OAK BEND HOMEOWNERS ASSOCIATION, INCORPORATED					
Principal Place of Business A-76 10620 SW 27TH AVE. OCALA, FL 34476 US		Mailing Address A-76 10620 SW 27TH AVE. OCALA, FL 34476 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3117022	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HUGGINS, BARBARA 10620 SW 27TH AVE, J-002 OCALA, FL 34476				Name <i>CHAFFINCH, LAWRENCE W.</i> Street Address (P.O. Box Number is Not Acceptable) <i>10620 SW 27TH AVE., L-9</i> City <i>OCALA</i> FL Zip Code <i>34476</i>	
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.					
SIGNATURE: <i>Thomas W. Chaffinch</i>		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$81.25 Due by May 1, 2006.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUGGINS, BARBARA 10620 SW 27TH AVE, J-002 OCALA, FL 34476 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAFFINCH, LAWRENCE W. 10620 SW 27TH AVE., L-009 OCALA, FL 34476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WEISS, GEORGE 10620 SW 27TH AVE M-007 OCALA, FL 34476 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WEISS, GEORGE 10620 SW 27TH AVE M-007 OCALA, FL 34476 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCGOVERN, JOHN 10620 SW 27TH AVE., D-001 OCALA, FL 34476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KREMERS, BARBARA 10620 SW 27TH AVE A-028 OCALA, FL 34476 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FREY, VIOLET 10620 SW 27TH AVE H-001 OCALA, FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FREY VIOLET 10620 SW 27TH AVE., H-001 OCALA, FL 34476 <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALIN, WALTER 10620 SW 27TH AVE, D-011 OCALA, FL 34476 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWLANA, ED 10620 SW 27TH AVE, K-006 OCALA, FL 34476 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDWAY, GLADYS 10620 SW 27TH AVE., A-009 OCALA, FL 34476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKBRIDE, JON 10620 SW 27TH AVE., J-003 OCALA, FL 34476 <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Violet J. Frey</i>		VIOLET J. FREY		3/9/2006 352/854-1267	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	