



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90030 047 \*\*\*\*61.25

<b>DOCUMENT # N48627</b> 1. Entity Name <b>OAK BEND HOMEOWNERS ASSOCIATION, INCORPORATED</b>			
Principal Place of Business <b>A-76</b> <b>10620 SW 27TH AVE.</b> <b>OCALA, FL 34476 US</b>		Mailing Address <b>A-76</b> <b>10620 SW 27TH AVE.</b> <b>OCALA, FL 34476 US</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
			
		01042007 Chg-NP CR2E037 (12/06)	
		4. FEI Number <b>59-3117022</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>CHAFFINCH, LAWRENCE W</b> <b>10620 SW 27TH AVE, J-002</b> <b>OCALA, FL 34476</b>		7. Name and Address of New Registered Agent Name <b>STEVENS, SANDY A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10620 SW 27TH AVE, A-025</b> City <b>OCALA</b> FL Zip Code <b>34476</b>	
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>Sandy A. Stevens</i> DATE <b>01-29-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> 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 <b>DP</b> <input type="checkbox"/> Delete NAME <b>CHAFFINCH, LAWRENCE W</b> STREET ADDRESS <b>10620 SW 27TH AVE J-002</b> CITY-ST-ZIP <b>OCALA, FL 34476</b>		TITLE <b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>STEVENS, SANDY A</b> STREET ADDRESS <b>10620 SW 27TH AVE., A-025</b> CITY-ST-ZIP <b>OCALA, FL 34476</b>	
TITLE <b>DV</b> <input type="checkbox"/> Delete NAME <b>MCGOVERN, JOHN</b> STREET ADDRESS <b>10620 SW 27TH AVE., D-001</b> CITY-ST-ZIP <b>OCALA, FL 34476</b>		TITLE <b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>MC BRIDE, JON</b> STREET ADDRESS <b>10620 SW 27TH AVE., J-003</b> CITY-ST-ZIP <b>OCALA, FL 34476</b>	
TITLE <b>DS</b> <input type="checkbox"/> Delete NAME <b>CHILDERS, LINDA</b> STREET ADDRESS <b>10620 SW 27TH AVE., H-012</b> CITY-ST-ZIP <b>OCALA, FL 34476</b>		TITLE <b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>KNOBELMAN, BOB</b> STREET ADDRESS <b>10620 SW 27TH AVE., K-013</b> CITY-ST-ZIP <b>OCALA, FL 34476</b>	
TITLE <b>DT</b> <input type="checkbox"/> Delete NAME <b>FREY, VIOLET</b> STREET ADDRESS <b>10620 SW 27TH AVE H-001</b> CITY-ST-ZIP <b>OCALA, FL 34476</b>		TITLE <b>DT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>FREY, VIOLET</b> STREET ADDRESS <b>10620 SW 27TH AVE., H-001</b> CITY-ST-ZIP <b>OCALA, FL 34476</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>HARDWAY, GLADYS</b> STREET ADDRESS <b>10620 SW 27TH AVE., A-009</b> CITY-ST-ZIP <b>OCALA, FL 34476</b>		TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>CHILDERS, LINDA</b> STREET ADDRESS <b>10620 SW 27TH AVE., H-012</b> CITY-ST-ZIP <b>OCALA, FL 34476</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>MCBRIDE, JON</b> STREET ADDRESS <b>10620 SW 27TH AVE., J-003</b> CITY-ST-ZIP <b>OCALA, FL 34476</b>		TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>SCHWARTZ, DONNA</b> STREET ADDRESS <b>10620 SW 27TH AVE.,</b> CITY-ST-ZIP <b>OCALA, FL 34476</b>	
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 1/29/2007 352/854-1267 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>	