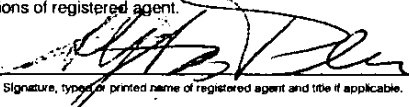


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90062 049 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02062008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3117022 <input type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STEVENS, SANDY A 10620 SW 27TH AVE, A-025 OCALA, FL 34476				Name <u>PELSER, STEVE</u> Street Address (P.O. Box Number is Not Acceptable) 10620 SW 27 TH AVE., L-005 City <u>Ocala,</u> FL Zip Code <u>34476</u>	
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: 				DATE: <u>4/8/08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		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	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAFFINCH, LAWRENCE W		NAME	PELSER, STEVE	
STREET ADDRESS	10620 SW 27TH AVE J-002		STREET ADDRESS	10620 SW 27 TH AVE., L-005	
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP	OCALA, FL 34476	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGOVERN, JOHN		NAME	SHORT, BUDDY	
STREET ADDRESS	10620 SW 27TH AVE., D-001		STREET ADDRESS	10620 SW 27 TH AVE., A-039	
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP	OCALA, FL 34476	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHILDERS, LINDA		NAME	PIERCE, PRISCILLA	
STREET ADDRESS	10620 SW 27TH AVE., H-012		STREET ADDRESS	10620 SW 27 TH AVE., H-015	
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP	OCALA, FL 34476	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, VIOLET		NAME	FREY, VIOLET	
STREET ADDRESS	10620 SW 27TH AVE., H-001		STREET ADDRESS	10620 SW 27 TH AVE., H-001	
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP	OCALA, FL 34476	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDWAY, GLADYS		NAME	HUGGINS, BARBARA	
STREET ADDRESS	10620 SW 27TH AVE., A-009		STREET ADDRESS	10620 SW 27 TH AVE., J-002	
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP	OCALA, FL 34476	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCBRIDE, JON		NAME	SAMONS, COY	
STREET ADDRESS	10620 SW 27TH AVE., J-003		STREET ADDRESS	10620 SW 27 TH AVE., A-015	
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP	OCALA, FL 34476	
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: 			DATE: <u>4/9/2008</u> DAYTIME PHONE: <u>352/854-1267</u>		
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					