

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business
A-124 A-028
10620 SW 27TH AVE.
OCALA FL 34476
US

Mailing Address
A-124 A-028
10620 SW 27TH AVE.
OCALA FL 34476
US

3. Date Incorporated or Qualified **04/29/1992** 3a. Date of Last Report **03/29/1995**

4. FEI Number **59-3117022** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
KREMERS, GERHARD
10620 SW 27TH AVE.
A-124 A-28
OCALA FL ~~32676~~
34476

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNDIE, BETTY	1.2 NAME	KREMERS, GERHARD
STREET ADDRESS	10620 SW 27 AVE #K003	1.3 STREET ADDRESS	10620 SW 27TH AVE #A028
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	OCALA, FL. 34476
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUNGKURTH, ERROL	2.2 NAME	VANDEPUTTE, MAURICE
STREET ADDRESS	10620 SW 27TH AVE, A-102	2.3 STREET ADDRESS	10620 SW 27TH AVE #H002
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	OCALA, FL. 34476
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGNEW, ROSE	3.2 NAME	KRONENTHAL, PAULINE
STREET ADDRESS	10620 SW 27 AVE #C004	3.3 STREET ADDRESS	10620 SW 27TH AVE #A010
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	OCALA, FL. 34476
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIE, FLOYD	4.2 NAME	CLINTON, WILLIAM
STREET ADDRESS	10620 SW 27 AVE #A026	4.3 STREET ADDRESS	10620 SW 27TH AVE #A021
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	OCALA, FL. 34476
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDELL MILDRED	5.2 NAME	HULBERT, WALTER
STREET ADDRESS	10620 SW 27TH AVE G-005	5.3 STREET ADDRESS	10620 SW 27TH AVE #A038
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	OCALA, FL. 34476
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN, CARMEN	6.2 NAME	SLAGOSKI, RAYMOND
STREET ADDRESS	10620 SW 27 AVE #G006	6.3 STREET ADDRESS	10620 SW 27TH AVE #M006
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	OCALA, FL. 34476

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: **GERHARD KREMERS** *Gerhard Kremers* **352-854-5851**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)