

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48627

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC5032889568**

**Entity Name:** OAK BEND HOMEOWNERS ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

10620 SW 27TH AVE.  
A-076  
OCALA, FL 34476

**Current Mailing Address:**

10620 SW 27TH AVE.  
A-076  
OCALA, FL 34476 US

**FEI Number:** 59-3117022

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STEWART, LARRY  
10620 SW 27TH AVE.,  
G-002  
OCALA, FL 34476 US

*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.*

**SIGNATURE:** LARRY STEWART

01/09/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name STEWART, LARRY  
Address 10620 SW 27TH AVE.  
G-002  
City-State-Zip: Ocala FL 34476

Title DV  
Name REDMOND, PHILLIP  
Address 16020 SW 27TH AVE., I-18  
City-State-Zip: Ocala FL 34476

Title DS  
Name JOHNSTON, PATRICIA  
Address 10620 SW 27TH AVE., I-20  
City-State-Zip: Ocala FL 34476

Title DT  
Name BASSETT, SUSAN  
Address 10620 SW 27TH AVE., D-16  
City-State-Zip: Ocala FL 34476

Title D  
Name SCHWARTZ, JOHN  
Address 10620 SW 27TH AVE., I-8  
City-State-Zip: Ocala FL 34476

Title D  
Name DIXON, NANCY  
Address 10620 SW 27TH AVE. K-9  
City-State-Zip: Ocala FL 34476

Title D  
Name MAYS, BARBARA  
Address 10620 SW 27TH AVE., A-103  
City-State-Zip: Ocala FL 34476

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUSAN BASSETT

**TREASURER**

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date