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Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
A-028 10620 SW 27TH AVE. OCALA FL 34476 US  
A-028 10620 SW 27TH AVE. OCALA FL 34476-8002 US

3. Date Incorporated or Qualified **04/29/1992** 3a. Date of Last Report **03/19/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 A-124	26 A-124	59-3117022	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 10620 SW 27TH AVE	27 10620 SW 27TH AVE	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23 OCALA, FL	28 OCALA, FL		
Zip Country	Zip Country		
24 34476 25 US	29 34476 30 US		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KREMERS, GERHARD 10620 SW 27TH AVE. A-124 OCALA FL 32876	81 Name SLAGOSKI, RAYMOND 82 Street Address (P.O. Box Number is Not Acceptable) 10620 SW 27TH AVENUE 83 M-006 84 City OCALA FL 85 Zip Code 34476

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: *Raymond A. Slagoski* **Raymond A SLAGOSKI** 2-26-97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREMERS, GERHARD	1.2 NAME	SLAGOSKI, RAYMOND
STREET ADDRESS	10620 SW 27TH AVE A028	1.3 STREET ADDRESS	10620 SW 27th AVE, M-006
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	OCALA, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDEPUTTE, MAURICE	2.2 NAME	ROWLAND, LEONARD
STREET ADDRESS	10620 SW 27TH AVE H002	2.3 STREET ADDRESS	10620 SW 27TH AVE, K-006
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	OCALA, FL
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRONENTHAL, PAULINE	3.2 NAME	KRONENTHAL, PAULINE
STREET ADDRESS	10620 SW 27TH AVE A010	3.3 STREET ADDRESS	10620 SW 27TH AVE, A010
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	OCALA, FL
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLINTON, WILLIAM	4.2 NAME	THOMAS, HERBERT
STREET ADDRESS	10620 SW 27TH AVE A021	4.3 STREET ADDRESS	10620 SW 27TH AVE, M-009
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	OCALA, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULBERT, WALTER	5.2 NAME	HULBERT, WALTER
STREET ADDRESS	10620 SW 27TH AVE A038	5.3 STREET ADDRESS	10620 SW 27TH AVE, A038
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	OCALA, FL
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAGOSKI, RAYMOND	6.2 NAME	WEISS, GEORGE
STREET ADDRESS	10620 SW 27TH AVE M006	6.3 STREET ADDRESS	10620 SW 27TH AVE, M007
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	OCALA, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Raymond A. Slagoski* **Raymond A SLAGOSKI** 2-26-97

CR2E037 (9/96)