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**Mar 10, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N48627**

1. Corporation Name

**OAK BEND HOMEOWNERS ASSOCIATION, INCORPORATED**

Principal Place of Business

Mailing Address

A-124  
 10620 SW 27TH AVE.  
 Ocala FL 34476  
 US

A124  
 10620 SW 27TH AVE.  
 Ocala FL 34476  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/29/1992

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

9. Name and Address of Current Registered Agent

WEISS, GEORGE  
 10620 SW 27TH AVENUE  
 M-007  
 Ocala FL 34476

10. Name and Address of New Registered Agent

81 Name **PEACE KEN**  
 82 Street Address (P.O. Box Number is Not Acceptable) **10620 SW 27th AVE J-020-**  
 83 **OCALA, FL,**  
 84 City **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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*Carol Powell* 3/5/99

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	WEISS, GEORGE	
STREET ADDRESS	10620 SW 27TH AVE, M-007	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROWLAND, LEONARD	
STREET ADDRESS	10620 SW 27 AVE, K-006	
CITY-ST-ZIP	OCALA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LUKAS, ELEANOR	
STREET ADDRESS	10620 SW 27TH AVENUE, A-017	
CITY-ST-ZIP	OCALA FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, HERBERT	
STREET ADDRESS	10620 SW 27 AVE, M-009	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WORRELL, ROBERT	
STREET ADDRESS	10620 SW 27TH AVE, M005	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FLOYD, CHRISTIE	
STREET ADDRESS	10620 SW 27TH AVE, A-026	
CITY-ST-ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PEACE KEN J-20	
1.3 STREET ADDRESS	10620 SW 27th AVE -	
1.4 CITY-ST-ZIP	OCALA, FL.	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROWLAND, LEONARD	
2.3 STREET ADDRESS	10620 SW 27 AVE, K 006	
2.4 CITY-ST-ZIP	Ocala, FL.	
3.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LUKAS, ELEANOR	
3.3 STREET ADDRESS	10620 SW 27 TH AVE, A017	
3.4 CITY-ST-ZIP	OCALA, FL.	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	POWELL CAROL	
4.3 STREET ADDRESS	106200 SW 27 AVE, A-30	
4.4 CITY-ST-ZIP	OCALA, FL.	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MILLER ESTER	
5.3 STREET ADDRESS	10620 SW 27 TH AVE.M008	
5.4 CITY-ST-ZIP	OCALA FL.	
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KIRCHNER FRED	
6.3 STREET ADDRESS	10620 SW 27TH AVE, A-112	
6.4 CITY-ST-ZIP	OCALA, FL.	

14. I 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, with all other like empowered.

SIGNATURE:

*Carol Powell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 Date (352) 237-0964 Daytime Phone #

CR2E037 (11/98)