

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90003 047 ****61.25

DOCUMENT # N48627

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3117022**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUNDIE, BETTY D
 10620 SW 27TH AVE K-003
 Ocala FL 34476

Name **George Weiss**
 Street Address (Post Box Number is Not Acceptable) **10620 SW 27th Ave. M-007**
Ocala
 City **FL** Zip **34476**

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.

SIGNATURE *George A. Weiss*
George Weiss

2-19-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	SUNDIE, BETTY D	
STREET ADDRESS	10620 SW 27TH AVE K-003	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NORMAN, CARMEN	
STREET ADDRESS	10620 SW 27TH AVE G-006	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LIPSHAW, TINA	
STREET ADDRESS	10620 SW 27TH AVE A-007	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	DT	<input type="checkbox"/> Delete
NAME	POWELL, CAROL	
STREET ADDRESS	10620 SW 27 AVE, M-009	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDWAY, GLADYS	
STREET ADDRESS	10620 SW 27TH AVE A-009	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOZEN, CLIFFORD	
STREET ADDRESS	10620 SW 27TH AVE A-121	
CITY-ST-ZIP	OCALA FL 34476	

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Weiss	
STREET ADDRESS	10620 SW 27th Ave. M-007	
CITY-ST-ZIP	Ocala Fl. 34476	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Johnston	
STREET ADDRESS	10620 SW 27th Ave. I-020	
CITY-ST-ZIP	Ocala, Fl. 34476	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandy Stevens	
STREET ADDRESS	10620 SW 27th Ave. A-025	
CITY-ST-ZIP	Ocala, Fl. 34476	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herb Thomas	
STREET ADDRESS	10620 SW 27th Ave. M-009	
CITY-ST-ZIP	Ocala, Fl. 34476	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lori Nettin	
STREET ADDRESS	10620 SW 27th Ave. A-106	
CITY-ST-ZIP	Ocala, Fl. 34476	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doris Morrison	
STREET ADDRESS	10620 SW 27th Ave. I-014	
CITY-ST-ZIP	Ocala, Fl, 34476	

12. 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 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:

George A. Weiss
George Weiss

2-19-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)