

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

0087733

**DOCUMENT # N48627**

1. Entity Name

**OAK BEND HOMEOWNERS ASSOCIATION, INCORPORATED**

03-06-2002 90037 026 \*\*\*\*61.25

507170



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **59-3117022**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEISS, GEORGE**  
 10620 SW 27TH AVE K-003  
 Ocala FL 34476

Name **Ronald Dirks**

Street Address (P.O. Box Number is Not Acceptable)

**10620 SW 27th Ave K-15**

City **Ocala**

FL

Zip Code **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 **Ronald Dirks, President**

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

*Ronald Dirks*

(NOTE: Registered Agent signature required when reinstating)

*2/20/02*

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 NAME STREET ADDRESS CITY-ST-ZIP	DP WEISS, GEORGE 10620 SW 27TH AVE M-007 OCALA FL 34476	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOHNSTON, GARY 10620 SW 27TH AVE. 1 020 OCALA FL 34476	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STEVENS, SANDY 10620 SW 27TH AVE. A-025 OCALA FL 34476	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THOMAS, HERB 10620 SW 27TH AVE M-009 OCALA FL 34476	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NETTIN, LORI 10620 SW 27TH AVE A-106 OCALA FL 34476	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, DORIS 10620 SW 27TH. I-014 OCALA FL 34476	<input checked="" type="checkbox"/> Delete

TITLE DP NAME STREET ADDRESS CITY-ST-ZIP	Dirks, Ronald 10620 SW 27th Ave K-15 Ocala, FL 34476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DV NAME STREET ADDRESS CITY-ST-ZIP	Budge, Michael J. 10620 SW 27th Ave. K-16 Ocala, FL 34476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS NAME STREET ADDRESS CITY-ST-ZIP	MacNaughton, Diane 10620 SW 27th Ave L-1 Ocala, FL 34476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT NAME STREET ADDRESS CITY-ST-ZIP	Sundie, Betty D. 10620 SW 27th Ave. K-3 Ocala, FL 34476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Stevens, Sandra 10620 SW 27th Ave. A-25 Ocala, FL 34476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Hentrup, Shirley 10620 SW 27th Ave. A-113 Ocala, FL 34476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Ronald Dirks, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ronald Dirks* *2/20/02*

Date

Daytime Phone #

CR2E037 (9/01)

*Attachment of Doc. # N48627/551175*

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DOCUMENT# N48627  
OAK BEND HOMEOWNERS ASSOCIATION, INCORPORATED

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

D  
MANNIX, Tommie  
10620 SW 27th Ave. A-010  
Ocala, FL 34476

X - CHANGE