

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -3 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N32238 (0)**

1. Corporation Name
OAK BEND MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**C/O CORT BETTY SURBER
14807 SHARK ST.
HUDSON FL 34667**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/11/1989** 3a. Date of Last Report **02/28/1994**
4. FEI Number **59-1285198** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **Wilbur DeRuiter** 26 **Wilbur DeRuiter**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **14732 Shark St** 27 **14732 Shark St**
City & State City & State
23 **Hudson, FL** 28 **Hudson FL**
Zip Country Zip Country
24 **34667** 25 **PASCO** 29 **34667** 30 **PASCO**

9. Name and Address of Current Registered Agent
**DERUITER, WILBUR
14732 SHARK ST.
HUDSON FL 34667**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature of registered agent and the date if applicable) (NOTE: Registered Agent signature required when transferring) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DERUITER, WILBUR
STREET ADDRESS	14732 SHARK ST.
CITY-ST-ZIP	HUDSON FL 34667
TITLE	V
NAME	FORR, WILLY P.
STREET ADDRESS	14820 WUOPES LOOP
CITY-ST-ZIP	HUDSON FL 34667
TITLE	CD
NAME	GLEN, GLADYS
STREET ADDRESS	14829 WUOPES LOOP
CITY-ST-ZIP	HUDSON FL 34667
TITLE	SD
NAME	SURBER, BETTY
STREET ADDRESS	14807 SHARK ST.
CITY-ST-ZIP	HUDSON FL 34667
TITLE	S
NAME	LEE, VIRGINIA
STREET ADDRESS	14804 CATRINA
CITY-ST-ZIP	HUDSON FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ERMA SAUKE, D
2.3 STREET ADDRESS	14738 CATRINA LOOP
2.4 CITY-ST-ZIP	HUDSON, FL 34667
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROSEMARIE CHAPMAN
4.3 STREET ADDRESS	14739 CATRINA LOOP
4.4 CITY-ST-ZIP	HUDSON FL 34667
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Wilbur DeRuiter
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

J. DO-95 813 867 2868
Date (Month/Day/Year) Telephone Number