

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N32238 (0)

1. Corporation Name

OAK BEND MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**DERUITER, WILBUR
14732 SHARK STREET
HUDSON FL 34667
US**

**DERUITER, WILBUR
14732 SHARK STREET
HUDSON FL 34667
US**

3. Date Incorporated or Qualified **05/11/1989** 3a. Date of Last Report **03/03/1995**

21	2. Principal Place of Business	2a.	2a. Mailing Address	4.	FEI Number 59-1285198	Applied For	<input type="checkbox"/>
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable	
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	24. Country	29	29. Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DERUITER, WILBUR
14732 SHARK ST.
HUDSON FL 34667**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		600001744046 -03/15/96--01018--007
84	City	***61.25 FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DERUITER, WILBUR	1.2 NAME	Deruiter Wilbur
STREET ADDRESS	14732 SHARK ST.	1.3 STREET ADDRESS	14732 SHARK ST
CITY-ST-ZIP	HUDSON FL 34667	1.4 CITY-ST-ZIP	Hudson FL 34667
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAUVE, ERMA	2.2 NAME	KAREN ZACHARIAS
STREET ADDRESS	14738 CATRINA LOOP	2.3 STREET ADDRESS	14736 SHARK ST
CITY-ST-ZIP	HUDSON FL	2.4 CITY-ST-ZIP	Hudson, FL 34667
TITLE	CD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEN, GLADYS	3.2 NAME	DAVID ERAY
STREET ADDRESS	14829 WUOPES LOOP	3.3 STREET ADDRESS	14813 SWUOPES LOOP
CITY-ST-ZIP	HUDSON FL 34667	3.4 CITY-ST-ZIP	Hudson FLA 34667
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAPMAN, ROSEMARIE	4.2 NAME	CHAPMAN ROSEMARIE
STREET ADDRESS	14739 CATRINA LOOP	4.3 STREET ADDRESS	14739 CATRINA LOOP
CITY-ST-ZIP	HUDSON FL	4.4 CITY-ST-ZIP	HUDSON FL 34667
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, VIRGINIA	5.2 NAME	PEE DARRAEN
STREET ADDRESS	14804 CATRINA	5.3 STREET ADDRESS	14821 SWUOPES LOOP
CITY-ST-ZIP	HUDSON FL 34667	5.4 CITY-ST-ZIP	Hudson, FLA 34667
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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)(k), 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 2-28-96 813 869-2868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)