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Mar 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandr 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

3. Date Incorporated or Qualified 05/11/1989  
3a. Date of Last Report 03/14/1996

2. Principal Place of Business 2a. Mailing Address  
21 OAK BEND 26 RICHARD KAMPENGA  
Suite, Apt. # etc. Suite, Apt. #, etc.  
22 14803 SHARK ST. 27 14803 SHARK ST  
City & State City & State  
23 Hudson, FLA 28 HUDSON, FLA  
Zip Country Zip Country  
24 34667 25 USA 29 34667 30 USA

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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

10. Name and Address of New Registered Agent  
81 Name RICHARD KAMPENGA  
82 Street Address (P.O. Box Number is Not Acceptable) 14803 SHARK ST  
83 HUDSON, FLA  
84 City HUDSON, FLA 85 Zip Code 34667

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: *Richard W. Kampenga* DATE: MAR. 24, 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP
NAME	DERUITER, WILBUR	12 NAME	RICHARD KAMPENGA
STREET ADDRESS	14732 SHARK ST.	1.3 STREET ADDRESS	14803 SHARK ST
CITY-ST-ZIP	HUDSON FL 34667	1.4 CITY-ST-ZIP	HUDSON FLA 34667
TITLE	VD	2.1 TITLE	VPIC. PRESIDENT
NAME	ZACHARIAS, KAREN	2.2 NAME	ROBERT TURNER
STREET ADDRESS	14736 SHARK ST	2.3 STREET ADDRESS	14800 CATRINA LOOP
CITY-ST-ZIP	HUDSON FL 34667	2.4 CITY-ST-ZIP	HUDSON, FLA 34667
TITLE	T	3.1 TITLE	T GRAY DAVID
NAME	ERAY, DAVID	3.2 NAME	GRAY DAVID
STREET ADDRESS	14813 WUOPES LOOP	3.3 STREET ADDRESS	14813 SWOPES LOOP
CITY-ST-ZIP	HUDSON FL 34667	3.4 CITY-ST-ZIP	HUDSON FLA 34667
TITLE	D	4.1 TITLE	D SOCIAL TREASURER
NAME	CHAPMAN, ROSEMARIE	4.2 NAME	KATHERINE VAN DIEM HEUVEL
STREET ADDRESS	14739 CATRINA LOOP	4.3 STREET ADDRESS	14816 CATRINA LOOP
CITY-ST-ZIP	HUDSON FL	4.4 CITY-ST-ZIP	FLORIDA, HUDSON 34667
TITLE	S	5.1 TITLE	
NAME	DARRAEH, PEG	5.2 NAME	
STREET ADDRESS	14821 SWOPES LOOP	5.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

NOTE: Registered Agent signature required when reinstating.

14. I do 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.

SIGNATURE: *D. S. Gray* DATE: 21 Feb 97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)