## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED DOCUMENT # N32238** Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** OAK BEND MOBILE HOMEOWNERS ASSOCIATION, INC. 03-04-2000 90116 044 \*\*\*\*61.25 Principal Place of Business Mailing Address OAKBEND RICHARD KAMPENGA 14803 SHARK ST. 14803 SHARK ST. HUDSON FL 34667 HUDSON FL 34667-3280 2. Principal Place of Business 3. Mailing Address HARSHMAN (BEND THOMAS Suite, Apt. #, etc. 4 727 Suite, Apt. #, etc. 15,WQ DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-1285198 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 4667 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOM AS KAMPENGA, RICHARD 14803 SHARK ST. HUDSON FL 34607 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE Delete TITI F HARSHMAN, THOMAS NAME NAME KAMPENGA, RICHARD STREET ADDRESS STREET ADDRESS 14727 SWOPES 14803 SHARK ST. CITY-ST-ZIP CITY-ST-ZIP Hudson FL Delete Shange ☐ Addition TITLE TITLE DV SORRELL. NAME , HARRY NAME CHAMLEY, CHARLES STREET ADDRESS 14802 SWOPES LOOP STREET ADDRESS 14800 SWOPES LOOP CITY-ST-ZIP CITY-ST-ZIP HUDSON, HUDSON FL ☐ Addition Delete Change TITLE TITLE POTJE, JOHN 14806 SHARK ST NAME GRAY, DAVID NAME STREET ADDRESS STREET ADDRESS 14813 SWOPES LOOP CITY-ST-7IP HUDSON, CITY-ST-ZIP HUDSON FL Change Addition TITLE Delete TITI E NAME van den heuvel, katherine 14727 SWOPES STREET ADDRESS STREET ADDRESS 14816 CATRINA LOOP HUDSON, FL CITY-ST-ZIP CITY-ST-ZIP HUDSON FL Delete Addition TITLE LEE, VIRGINIA NAME DARRAEH, PEG STREET ADDRESS 14804 CATRINA LOO STREET ADDRESS 14821 SWOPES LOOP CITY-ST-ZIP CITY-ST-ZIP HUDSON, FL HUDSON FL 34667 ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 be executed by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered changed, or on an attachment with an address with all

HARSHMAN