

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**



1st MOORE CR2E037 (10/04)

<b>DOCUMENT # N32238</b>				1. Entity Name <b>OAK BEND MOBILE HOMEOWNERS ASSOCIATION, INC.</b>	
Principal Place of Business		Mailing Address			
OAKBEND MHA, INC. 14822 CATRINA LOOP HUDSON FL 34667 US		OAKBEND MHA, INC. 14822 CATRINA LOOP HUDSON FL 34667 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
				59-1285198	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SIMLER, SUSAN M</b> <b>14803 CATRINA LOOP</b> <b>HUDSON FL 34667</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		<b>FL</b>
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. I am familiar with, and accept the obligations of registered agent.					

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP SIMLER, SUSAN M 14803 CATRINLA LOOP HUDSON FL 34667	TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	S	TITLE	
NAME	BURGESS, JESSIE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14819 SHARK STREET	STREET ADDRESS	
CITY - ST - ZIP	HUDSON FL 34667	CITY - ST - ZIP	
TITLE	TR	TITLE	
NAME	DANISH, GRACE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14738 SWOPES LOOP	STREET ADDRESS	
CITY - ST - ZIP	HUDSON FL 34667	CITY - ST - ZIP	
TITLE	DT	TITLE	
NAME	LINDENSMITH, KEN	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14810 SHARK STREET	STREET ADDRESS	
CITY - ST - ZIP	HUDSON FL 34667	CITY - ST - ZIP	
TITLE	VPD	TITLE	
NAME	LEE, VIRGINIA	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14804 CATRINA LOOP	STREET ADDRESS	
CITY - ST - ZIP	HUDSON FL 34667	CITY - ST - ZIP	
TITLE	DS	TITLE	
NAME	BURGESS, JESSIE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14819 SHARK STREET	STREET ADDRESS	
CITY - ST - ZIP	HUDSON FL 34667	CITY - ST - ZIP	

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:** Susan M. Simler / Susan M. Simler 2/4/05 727-861-2653