


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90012 006 \*\*\*\*70.00

**DOCUMENT # N32238**  
1. Entity Name  
**OAK BEND MOBILE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: **OAKBEND MHA, INC. 14822 CATRINA LOOP HUDSON FL 34667 US**  
Mailing Address: **OAKBEND MHA, INC. 14822 CATRINA LOOP HUDSON FL 34667 US**



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **59-1285198**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SIMLER, SUSAN M  
14803 CATRINA LOOP  
HUDSON FL 34667**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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: Susan M. Simler Susan M. Simler 3/3/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE: DP NAME: SIMLER, SUSAN M STREET ADDRESS: 14803 CATRINA LOOP CITY-ST-ZIP: HUDSON FL 34667	<input type="checkbox"/> Delete	
TITLE: S NAME: BURGESS, JESSIE STREET ADDRESS: 14819 SHARK STREET CITY-ST-ZIP: HUDSON FL 34667	<input checked="" type="checkbox"/> Delete	
TITLE: TR NAME: DANISH, GRACE STREET ADDRESS: 14738 SWOPES LOOP CITY-ST-ZIP: HUDSON FL 34667	<input checked="" type="checkbox"/> Delete	
TITLE: DT NAME: LINDENSMITH, KEN STREET ADDRESS: 14810 SHARK STREET CITY-ST-ZIP: HUDSON FL 34667	<input checked="" type="checkbox"/> Delete	
TITLE: VPD NAME: LEE, VIRGINIA STREET ADDRESS: 14804 CATRINA LOOP CITY-ST-ZIP: HUDSON FL 34667	<input checked="" type="checkbox"/> Delete	
TITLE: DS NAME: BURGESS, JESSIE STREET ADDRESS: 14819 SHARK STREET CITY-ST-ZIP: HUDSON FL 34667	<input checked="" type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: D/P NAME: Susan Simler STREET ADDRESS: 14803 Catrina Loop CITY-ST-ZIP: Hudson, Florida 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: DVP NAME: Omer Meyer STREET ADDRESS: 14803 Swopes Loop CITY-ST-ZIP: Hudson, Florida 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D/T NAME: Judy Nickerson STREET ADDRESS: 14807 Catrina Loop CITY-ST-ZIP: Hudson, Florida 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D/S NAME: Karen Garcia STREET ADDRESS: 14731 Catrina Loop CITY-ST-ZIP: Hudson, Florida 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D/T NAME: Robert Lund STREET ADDRESS: 14826 Catrina Loop CITY-ST-ZIP: Hudson, Florida 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Karen Garcia Karen Garcia 3/3/06 651 NKE 1275