

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32238

FILED
Mar 31, 2009
Secretary of State

Entity Name: OAK BEND MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

OAKBEND MHA, INC.
14822 CATRINA LOOP
HUDSON, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

OAKBEND MHA, INC.
14822 CATRINA LOOP
HUDSON, FL 34667 US

New Mailing Address:

FEI Number: 59-1285198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMLER, SUSAN
14803 CATRINA LOOP
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SIMLER, SUSAN
Address: 14803 CATRINA LOOP
City-St-Zip: HUDSON, FL 34667

Title: DVP () Delete
Name: D'ANGELA, HEATHER
Address: 14806 SHARK STREET
City-St-Zip: HUDSON, FL 34667

Title: DT () Delete
Name: DUCA, DENISE
Address: 14820 SWOPES LOOP
City-St-Zip: HUDSON, FL 34667

Title: DS () Delete
Name: KELEHER, KATHLEEN
Address: 14802 SWOPES LOOP
City-St-Zip: HUDSON, FL 34667

Title: DT () Delete
Name: LUND, ROBERT
Address: 14826 CATRINA LOOP
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: CECELIA, BLANCHETTE
Address: 14727 SWOPES LOOP
City-St-Zip: HUDSON, FL 34667

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: COON, LEONARD
Address: 14829 SWOPES LOOP
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN KELEHER

DS

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date