

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32238

FILED  
Mar 16, 2012  
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  
Name: KELEHER, KATHLEEN  
Address: 14802 SWOPES LOOP  
City-St-Zip: HUDSON, FL 34667

Title: DVP  
Name: STUDENNY, STEVE  
Address: 14803 SHARK STREET  
City-St-Zip: HUDSON, FL 34667

Title: DT  
Name: LUND, CAROL A  
Address: 14823 SWOPES LOOP  
City-St-Zip: HUDSON, FL 34667

Title: DS  
Name: EVANS, MARGO  
Address: 14800  
City-St-Zip: HUDSON, FL 34667

Title: DT  
Name: LORD, DAVID  
Address: 14817 CATRINA LOOP  
City-St-Zip: HUDSON, FL 34667

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN KELEHER

PRES

03/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date