

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90165 048 ****71.25

DOCUMENT # **N32238**

1. Entity Name
OAK BEND MOBILE HOMEOWNERS ASSOCIATION, INC.



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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1285198**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANSON, LEE
14741 SHARR STREET → 14741 SHARK STREET
HUDSON FL 34667**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	HANSON, LEE	14741 SHARK STREET	HUDSON FL 34667	<input type="checkbox"/>
S	BURGESS, JESSIE	14819 SHARK STREET	HUDSON FL 34667	<input type="checkbox"/>
TR	DANISH, GRACE	14738 SWOPES LOOP	HUDSON FL 34667	<input type="checkbox"/>
T	DOAN, MAURY	14721 SWOPES LOOP	HUDSON FL 34667	<input type="checkbox"/>
VPD	GIRAGOSIAN, IRENE	14741 SHARK STREET	HUDSON FL 34667	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LEE HANSON

Date

Daytime Phone #

2/5/03 727-819-8859

CR2E037 (10/02)