
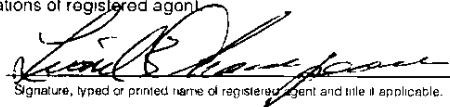


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90149 003 ****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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1285198	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 <u>Nel Champeau</u> Street Address (P.O. Box Number is Not Acceptable) <u>14730 Catrina loop</u> <u>Hudson Florida</u> City <u>Hudson</u> State <u>FL</u> Zip Code <u>34667</u>	
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. <u>Leonie Champeau</u>		DATE <u>3-26-07</u>	



1st MOORE CR2E037 (10/06)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SIMLER, SUSAN M 14803 CATRINA LOOP HUDSON FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Robert Lund 14826 Catrina loop Hudson Florida 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MEYER, OMER 14803 SWOOPS LOOP HUDSON FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP Nel Champeau 14730 Catrina loop Hudson Florida 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT NICKERSON, JUDY 14807 CATRINA LOOP HUDSON FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT Evelyn Dushak 14734 Swoopes loop Hudson Florida 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GARCIA, KAREN 14731 CATRINA LOOP HUDSON FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS Heather D'Angela 14800 Shark St Hudson Florida 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LUND, ROBERT 14826 CATRINA LOOP HUDSON FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT Barry Wilkes 14807 Shark St Hudson Florida 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SIMLER, SUSAN 14803 CATRINA LOOP HUDSON FL 34667	<input checked="" type="checkbox"/> Delete	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: Heather D'Angela 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 7/27/06 Devising Phone # 963 9694