2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2006 8:00 am Secretary of State

DOCUMENT # N48627 1. Entity Name OAK BEND HOMEOWNERS ASSOCIATION, INCORPORATED						03-14-2006	5 90031 032		
Principal Place of Business A-76 10620 SW 27TH AVE. OCALA, FL 34476 US		Mailing Address A-76 10620 SW 27TH AVE. OCALA, FL 34476 US				: ·			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02032006	Chg-NP	CR2E037 (
City & State		City & State			4. FEI Number 59-3117	022		Applied For Not Applicable	
Zip	Country	Zip	Coa	untry	5. Certificate o	f Status Desired		.75 Additional Required	
5. N	ame and Address of Current	Registered Agent			7. Name and A	ddress of New F	Registered Ager	nt ,	
HUGGINS, BARBARA 10620 SW 27TH AVE, J-002 OCALA, FL 34476				Street Address	treet Address (P.O. Box Number is Not Acceptable)				
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8. The above named entitle submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am famillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of digistered agend with its explicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Signature,	typed or printed name of registered agent	and title if applicable. (No	OTE: Registere	ed Agent signature require	d when reinstating)		DATE		
	typed or printed name of depistered afford Fee is \$61.25 by May 1, 2006.	9. Election C Trust Func	ampaign F	inancing	\$5.00 May Be Added to Fees		DATE Nake check pa rida Departme		
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12. I believe certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes, 1 further certify that it enformation 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 THE OF PRINTER PLANE OF BIGHAND OFFICER OR DIRECTOR

3/9/2006

352/854-1267