

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000350

FILED
Mar 02, 2009
Secretary of State

Entity Name: OAK BEND AT DEER RUN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

160 WEST EVERGREEN AVE, SUITE 271
LONGWOOD, FL 32750 US

New Principal Place of Business:

160 WEST EVERGREEN AVE,
SUITE 271
LONGWOOD, FL 32750 US

Current Mailing Address:

160 WEST EVERGREEN AVE, SUITE 271
LONGWOOD, FL 32750 US

New Mailing Address:

160 WEST EVERGREEN AVE,
SUITE 271
LONGWOOD, FL 32750 US

FEI Number: 59-3157828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELINDA MAGUIRE & ASSOCIATES, LLC
160 WEST EVERGREEN COURT, SUITE 271
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

MELINDA MAGUIRE & ASSOCIATES, LLC
160 WEST EVERGREEN AVE.
SUITE 271
LONGWOOD, FL 32750 US

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:

03/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAER, STEVE
Address: 394 WHITETAIL COVE
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: GALVIS, CHARLES
Address: 4110 LEAFY GLADE
City-St-Zip: CASSELBERRY, FL 32707

Title: DV () Delete
Name: HAVLICEK, DAVID
Address: 399 WHITETAIL COVE
City-St-Zip: CASSELBERRY, FL 32707

Title: DS () Delete
Name: WASILKO, MICHAEL
Address: 4056 MISTY MORNING PL
City-St-Zip: CASSELBERRY, FL 32707

Title: T () Delete
Name: SECOR, DIANA
Address: 4153 LEAFY GLADE PLACE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BAER, STEPHEN P
Address: 394 WHITETAIL COVE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: D (X) Change () Addition
Name: GALVIS, CHARLES
Address: 4110 LEAFY GLADE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: DV (X) Change () Addition
Name: HAVLICEK, DAVID
Address: 399 WHITETAIL COVE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: DS (X) Change () Addition
Name: WASILKO, MICHAEL
Address: 4056 MISTY MORNING PL
City-St-Zip: CASSELBERRY, FL 32707 US

Title: T (X) Change () Addition
Name: SECOR, DIANA
Address: 4153 LEAFY GLADE PLACE
City-St-Zip: CASSELBERRY, FL 32707 US

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: STEPHEN P. BAER

P

03/02/2009

Electronic Signature of Signing Officer or Director

Date