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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000097972 1. Corporation Name

OAK BEND VILLAGE INC.

Principal Place of Business		Mailing Address					
21271 HWY 40 W		21271 HWY 40 W					
LOT 11		LOT 11 DUNNELLON FL 34431		DO NOT WRITE IN TH	IIS SPACE		
DUNNELLON FL 34431		US US		3. Date Incorporated or Qualifed			
U\$					12/29/1995		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		ied For	
21		26		59-3356122		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5: Certificate of Status Desired	\$8.75 Add	•	
22		27			Fee Requ		
City & State		City & State		6. Election Campaign Financing	\$5.00 м		
23		28		Trust Fund Contribution	Added to	rees	
Zìp Country		Zip Country		8. This corporation owes the current year		□No	
24	25	29 30	1 .		Personal Property Tax.		- ONL
	9. Name and Address of Current	t Registered Agent	81	None	10. Name and Address of New Register	ed Agent	
EGAI	N CHDIC C		*'	Name			
EGAN, CHRIS S			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
20761 CHESTNUT ST DUNNELLON FL 33431							
DON	NELLUN FL 33431		83				1
			84	City		FL 85 Zip Code	
44 Bussiant		2 and 607 1508 Florida Statutes	the above	e-named com	poration submits this statement for the nurnose	of changing its re	gistered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	orizea dv	the corporation	on's board of directors. I hereby accept the ap	pointment as regis	stered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: Re	gistered Ager	nt signature require	ed when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
TITLE	D	☐ DELETE 1.1 TI				☐ Change	Addition
NAME	PALMER, PERRY S		1.2 NAME	1	·		
i	21271 HWY 40 W			TADDRESS			
STREET ADDRESS	DUNNELLON FL		1.4 CITY-S				
CITY-\$T-ZIP	S	☐ DELETE	2.1 TITLE	1-ZIF		Change	Addition
TITLE .	·	- Dettere	2.2 NAME				_
NAME	PALMER, LISA M						
STREET ADDRESS	21271 HWY 40 W LOT 11			TADDRESS	والمراجع المنافي المنا		~. :
"CITY-ST-ZIP	DUNNELLON FL	☐ DELETE	2.4 CITY-5	ST-ZIP		Change	Addition
TITLE	VP	C Detaile	3.1 TITLE	1	•		
NAME	PALMER, HOWARD W.		3.2 NAME				
STREET ADDRESS	2121 HWY 40 W LOT 11			TADDRESS			
CITY-ST-ZIP	DUNNELLON FL 34431		3.4. CITY-5	ST-ZIP		☐ Change	☐ Addition
TITLE	Τ	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	PALMER, BERNICE M.		4.2 NAME				
STREET ADDRESS	21271 HWY 40 W LOT 11		4.3 STREET ADDRESS				l
CITY-ST-ZIP	DUNNELLON FL 34431		4.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME			•	
STREET ADDRESS			5.3 STREE	T ADDRESS			ĺ
CITY-ST-ZIP	5.4		5.4 CITY-S	ST-ZIP			
TITLE	DELETE 6.1		6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				ł

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Daytime Phone #