

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 745931 (6)**  
1. Corporation Name  
**OUSLEY ESTATES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business  
**P.O. BOX 1582  
OKEECHOBEE FL 34973-1582**

Mailing Address  
**P.O. BOX 1582  
OKEECHOBEE FL 34973-1582**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/13/1979</b>		3a. Date of Last Report <b>05/01/1995</b>	
21		26		4. FEI Number <b>59-2089489</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip		29 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WAYTOVICH, DEBORAH 4150 SW 11TH WAY OKEECHOBEE FL 34974</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code <b>FL</b>			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>PD</b>
NAME	<b>JOHNSON, VERN</b>	1.2 NAME	<b>HANCOCK, HAROLD</b>
STREET ADDRESS	<b>4100 SW 13TH WAY</b>	1.3 STREET ADDRESS	<b>4166 S.W. 16TH AVE.</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>	1.4 CITY-ST-ZIP	<b>OKEECHOBEE, FL. 34974</b>
TITLE	<b>VPD</b>	2.1 TITLE	<b>VPD</b>
NAME	<b>HANCOCK, HAROLD</b>	2.2 NAME	<b>WAKELEY, WAYNE</b>
STREET ADDRESS	<b>4166 SW 16TH AVE</b>	2.3 STREET ADDRESS	<b>4200 S.W. 16TH AVE.</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>	2.4 CITY-ST-ZIP	<b>OKEECHOBEE, FL. 34974</b>
TITLE	<b>TD</b>	3.1 TITLE	<b>TD</b>
NAME	<b>GAMMILL, JOHN</b>	3.2 NAME	<b>GAMMILL, JOHN</b>
STREET ADDRESS	<b>P OBOX 364 N/A</b>	3.3 STREET ADDRESS	<b>4001 S.W. 9TH WAY</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL 34973</b>	3.4 CITY-ST-ZIP	<b>OKEECHOBEE, FL. 34974</b>
TITLE	<b>S</b>	4.1 TITLE	<b>SD</b>
NAME	<b>WILLIAMS, BETTY</b>	4.2 NAME	<b>WAYTOVICH, DEBORAH</b>
STREET ADDRESS	<b>1343 SW 39TH LANE</b>	4.3 STREET ADDRESS	<b>4150 S.W. 11TH WAY</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>	4.4 CITY-ST-ZIP	<b>OKEECHOBEE, FL. 34974</b>
TITLE	<b>AS</b>	5.1 TITLE	<b>ASD</b>
NAME	<b>WAYTOVICH, DEBORAH</b>	5.2 NAME	<b>CHILDS, MARY</b>
STREET ADDRESS	<b>4150 SW 11TH WAY</b>	5.3 STREET ADDRESS	<b>4151 SW 11TH WAY</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>	5.4 CITY-ST-ZIP	<b>OKEECHOBEE, FL. 34974</b>
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Harold A. Hancock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-96** **944-357-0097**

CR2E037 (12/95)