

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90059 007 \*\*\*\*61.25

0074820

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 745931**

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/13/1979

4. FEI Number

59-2089489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

KILROY, EDWARD A  
4006 SW 16 AVENUE  
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

81 Name

Robert E. Williams

82 Street Address (P.O. Box Number is Not Acceptable)

83 4196 S.W. 13th Way

84 City Okeechobee

FL

85 Zip Code 34974

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

*Robert E. Williams*

3-24-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
WILLIAMS, ROBERT  
STREET ADDRESS 4196 SW 13 WAY  
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☐ DELETE

NAME VPD  
MACKIN, WALT  
STREET ADDRESS 3688 SW 13 TERRACE  
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☐ DELETE

NAME TD  
PALUMBO, HENRIETTA  
STREET ADDRESS 3649 SW 13 TERRACE  
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☐ DELETE

NAME AS  
KILROY, EDWARD A  
STREET ADDRESS 4006 SW 16 AVENUE  
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☐ DELETE

NAME D  
WAVERLY, OSBORNE  
STREET ADDRESS 3764 SW 13 TERRACE  
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VPD  
C. Edward Lamb  
2.3 STREET ADDRESS 3617 S.W. 13th Terrace  
2.4 CITY-ST-ZIP Okeechobee, FL. 34974

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME SD  
Walt Mackin  
4.3 STREET ADDRESS 3688 S.W. 13th Terrace  
4.4 CITY-ST-ZIP Okeechobee, FL. 34974

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME D  
Wayne Wakeley  
5.3 STREET ADDRESS 4200 S.W. 16th Ave.  
5.4 CITY-ST-ZIP Okeechobee, FL. 34974

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(l), 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, with all other like empowered.

SIGNATURE:

*Robert E. Williams* 3-24-99 357 5906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (11/98)