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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770820 (9)
1. Corporation Name
OAK TREE PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 1962 OKEECHOBEE FL 34973-1962	Mailing Address P.O. BOX 1962 OKEECHOBEE FL 34973-1962
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2. Principal Place of Business 21 PO BOX 1962 Suite, Apt. #, etc.	2a. Mailing Address 26 PO BOX 1962 Suite, Apt. #, etc.
City & State 23 OKEECHOBEE, FL	City & State 28 OKEECHOBEE, FL
Zip 24 34973	Country 25 USA
Zip 29 34973	Country 30 USA

3. Date Incorporated or Qualified 10/19/1983
4. FEI Number 65-0006659
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
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent RATLIFF, LOREDANA 2355 S.W. 28TH STREET #100E OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent 81 Name AMY M. WILLIAMS 82 Street Address (P.O. Box Number is Not Acceptable) 9281 SE 62ND Drive 83 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 _____ DATE **1-8-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	LAW, PATRICIA A	1.2 NAME	WILLIAMS, AMY M. 800
STREET ADDRESS	2355 S.W. 28TH STREET, #600	1.3 STREET ADDRESS	9281 SE 62ND DRIVE
CITY-ST-ZIP	OKEECHOBEE FL 34974	1.4 CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	VD ☒ DELETE	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	WILLIAMS, AMY	2.2 NAME	MEYERS, PAULINE 40F
STREET ADDRESS	9281 S.E. 62ND DRIVE	2.3 STREET ADDRESS	2355 SW 28th STREET
CITY-ST-ZIP	OKEECHOBEE FL 34974	2.4 CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	SD ☒ DELETE	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	ROBERTS, BILLY JR.	3.2 NAME	NORMAN, T 70C
STREET ADDRESS	2355 S.W. 28TH STREET, #300	3.3 STREET ADDRESS	2355 SW 28th STREET
CITY-ST-ZIP	OKEECHOBEE FL 34974	3.4 CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	TD ☒ DELETE	4.1 TITLE	TD ☒ Change ☐ Addition
NAME	RATLIFF, LOREDANA	4.2 NAME	ENTRY, JOHN
STREET ADDRESS	2355 S.W. 28TH ST., #100E	4.3 STREET ADDRESS	2355 SW 28TH STREET
CITY-ST-ZIP	OKEECHOBEE FL 34974	4.4 CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	D ☒ DELETE	5.1 TITLE	D ☒ Change ☐ Addition
NAME	MOBLEY, ROBERT	5.2 NAME	PURVIS, BEN
STREET ADDRESS	2355 S.W. 28TH ST., #70D	5.3 STREET ADDRESS	2355 SW 28th STREET
CITY-ST-ZIP	OKEECHOBEE FL 34974	5.4 CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	☐ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	DATU, J. 608
STREET ADDRESS		6.3 STREET ADDRESS	2355 SW 28TH STREET
CITY-ST-ZIP		6.4 CITY-ST-ZIP	OKEECHOBEE, FL 34974

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 _____ **1-8-98 (941) 763-1924**

CR2E037 (1097)