2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# N03000008299

Entity Name: R-BAR ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12575 HIGHWAY 70 EAST
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

12575 HIGHWAY 70 EAST
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODBREAD, GEORGE A
12575 HIGHWAY 70 EAST
OKEECHOBEE, FL 34972

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GOODBREAD, GEORGE A
Address: 12575 HIGHWAY 70 EAST
City-St-Zip: OKEECHOBEE, FL 34972

Title: VD ( ) Delete
Name: JORDAN, JAMES L
Address: 108 FIVE POINTS ROAD
City-St-Zip: LYONS, GA 30436

Title: D ( ) Delete
Name: GOODBREAD, MARK MR.
Address: 1820 SE 6TH LANE
City-St-Zip: OKEECHOBEE, FL 34974

Title: ST ( ) Delete
Name: ENRICO, ROBERT
Address: 12575 HIGHWAY 70 EAST
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GEORGE A GOODBREAD PD 04/16/2004
Electronic Signature of Signing Officer or Director — Date