

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008299

FILED
Apr 23, 2009
Secretary of State

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

Current Principal Place of Business:

7285 SW 9TH STREET
OKEECHOBEE, FL 34974 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1396
OKEECHOBEE, FL 34973 US

New Mailing Address:

FEI Number: 20-3856672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFFERTY, JENNIFER
2640 NE 62ND PARKWAY
OKEECHOBEE, FL 34972 US

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: LAFFERTY, JENNIFER
Address: 2640 NE 62ND PARKWAY
City-St-Zip: OKEECHOBEE, FL 34972

Title: VD () Delete
Name: MONROE, CARL
Address: 2540 NE 60TH COURT
City-St-Zip: OKEECHOBEE, FL 34972

Title: SD () Delete
Name: RAYMAN, KAREN
Address: 2528 NE 60TH COURT
City-St-Zip: OKEECHOBEE, FL 34972

Title: T () Delete
Name: EMMONDS, DEONNA
Address: 2938 NE 62ND PARKWAY
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 exemption stated in Chapter 119, 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: DEONNA EMMONDS

T

04/23/2009

Electronic Signature of Signing Officer or Director

Date