

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769500

**Entity Name:** ANCIENT OAKS R.V. RESORT CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 22, 2016**  
**Secretary of State**  
**CC5863053535**

**Current Principal Place of Business:**

6407 SE US 441  
OKEECHOBEE, FL 34974

**Current Mailing Address:**

6407 SE US 441  
OKEECHOBEE, FL 34974 US

**FEI Number: 59-2392896**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BURR, ROBERT  
ST.JOHN ROSSIN PODESTA BURR & LEMME, PLLC  
1601 FORUM PL., STE 700  
WEST PALM BEACH, FL 33401 US

*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

**Officer/Director Detail :**

Title           TREASURER  
Name           DAHLMAN, CARL E  
Address       5152 SE 64TH AVE  
City-State-Zip: OKEECHOBEE FL 34974

Title           PRESIDENT  
Name           DILL, BARBARA  
Address       5320 SE 65TH AVE  
City-State-Zip: OKEECHOBEE FL 34974

Title           VP  
Name           POWELL, DANIEL  
Address       6576 SE 52ND LANE  
City-State-Zip: OKEECHOBEE FL 34974

Title           SECRETARY  
Name           CHRISTENSEN, BARBARA  
Address       5344 SE 65TH AVE  
City-State-Zip: OKEECHOBEE FL 34974

Title           DIRECTOR  
Name           WASSON, LYDIA  
Address       5349 SE 65TH TR  
City-State-Zip: OKEECHOBEE FL 34974

I hereby 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 all other like empowered.

**SIGNATURE: BARBARA DILL**

**PRESIDENT**

**01/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date