

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769500

Entity Name: ANCIENT OAKS R.V. RESORT CONDOMINIUM ASSOCIATION, INC.**FILED**
Feb 03, 2022
Secretary of State
2504843150CC**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
ROSSIN & BURR, PLLC LAW OFFICES
1550 SOUTHERN BLVD, SUITE 100
WEST PALM BEACH, FL 33406 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	WILCOX, PAULA
Address	5321 SE 65TH TR
City-State-Zip:	OKEECHOBEE FL 34974

Title	PRESIDENT
Name	TUCKER, DONALD
Address	6522 SE 51ST LN
City-State-Zip:	OKEECHOBEE FL 34974

Title	DIRECTOR
Name	KRUMENACKER, GEORGE
Address	6430 SE 56TH ST
City-State-Zip:	OKEECHOBEE FL 34974

Title	VP
Name	BOGGS, SHERRY
Address	6494 SE 51ST ST
City-State-Zip:	OKEECHOBEE FL 34974

Title	SECRETARY
Name	WEAVER, JOYCE
Address	6521 SE 51ST LN
City-State-Zip:	OKEECHOBEE FL 34974

Title	PARK MANAGER
Name	SMITH, II, LAWRENCE WILLIAM
Address	6407 SE US HWY 441
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: PAULA WILCOX**TREASURER****02/03/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date