

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769500

Entity Name: ANCIENT OAKS R.V. RESORT CONDOMINIUM ASSOCIATION, INC.**FILED**
Feb 18, 2015
Secretary of State
CC8927663980**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: Yes****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
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	HANCOCK, JOSEPH P
Address	5341 SE 64TH AVE
City-State-Zip:	OKEECHOBEE FL 34974

Title	DIRECTOR
Name	BEAULIEU, RAYMOND
Address	6444 SE 55TH ST
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: CARL DAHLMAN**TREASURE****02/18/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date