

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009310

Entity Name: ESTATES AT OKEECHOBEE PINES HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 17, 2021
Secretary of State
7596108533CC

Current Principal Place of Business:

200 NE 4TH AVE
OKEECHOBEE, FL 34972-2981

Current Mailing Address:

200 NE 4TH AVE
OKEECHOBEE, FL 34972-2981

FEI Number: 11-3813511

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMERON, COLIN M ESQ.
200 NE 4TH AVE
OKEECHOBEE, FL 34972-2981 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 DIRECTOR, VP
Name CHAGAS, AZARIAS
Address 21518 WOODCHUCK WAY
City-State-Zip: BOCA RATON FL 33428

Title PRESIDENT, DIRECTOR
Name NEWELL, LESTER
Address 2413 SW 33RD CIR
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR, TREASURER
Name JOHNSON, TIFFANY
Address 3935 SE 6TH ST
City-State-Zip: OKEECHOBEE FL 34974

Title SECRETARY, DIRECTOR
Name MACLEES, RUSSELL J
Address 566 SW FAIRVIEW AVE
City-State-Zip: PORT ST. LUCIE FL 34983-2969

Title DIRECTOR
Name BUSBY, KRISTINA
Address 18701 KITTY HAWK CT
City-State-Zip: PORT ST. LUCIE FL 34987-3233

Title DIRECTOR
Name PARKIN, DAVID
Address 3613 SW NATURA AVE
City-State-Zip: DEERFIELD BEACH FL 33441-3277

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: LESTER NEWELL

PRESIDENT

02/17/2021

Electronic Signature of Signing Officer/Director Detail

Date