FILE NOW: FILING FEE IS \$61.25

CITY-ST-ZIP

SIGNATURE:

FILED Feb 18 1998 8:00am **NONPROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # OKEECHOBEE CITIZENS RECREATIONAL ASSOCIATION Mailing Address Principal Place of Business PO BOX 414 PO BOX 414 3. Date Incorporated or Qualified OKEECHOBEE FL 34973-414 OKEECHOBEE FL 34973-414 04/03/1973 4. FEI Number Applied For 59-1722950 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? **☑** No Yes 23 Zip Country Country 6. This corporation owes or has paid the current year Intangible 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HARDMAN, BOB 82 6120 NE 72 CIR. W. BOX 27 83 OKEECHOBEE FL 34972 84 0502 and 617, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered that of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered digations of, Spotion 617, 0503, Florida Statutes. agent. Lam fan SIGNATURE (NOTE_Registered Agent signature required when reinstating) DATE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE 1 1 TITLE TITLE Hardman, Bob 6120 N.E. 72 Circle HOWLING, JIMMY 1.2 NAME NAME P.O. BOX 1013 1.3 STREET ADDRESS STREET ADDRESS Okeechober, Fl 34972 **OKEECHOBEE FL 34973** 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE TITLE 21 TITLE NAME **NUTTER, CINDY** 2.2 NAME BOX 3180 PD BOX 310 Okeachober 926 NW 50TH DR. STREET ADDRESS 2.3 STREET ADDRESS **OKEECHOBEE FL 34972** 2. 4 CiTY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Addition TITLE 3.2 NAME NAME HARDMAN, BOB 6120 NE 72 CIR. W. BOX 27 3.3 STREET ADDRESS STREET ADDRESS OKEECHOBEE FL 34. CITY-ST-ZIP CITY ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME BENNETT, MIKE 4. 2 NAME STREET ADDRESS 7400 NW 84 CT. 4.3 STREET ADDRESS OKEECHOBEE FL CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change ☐ Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 it changed or of an attachment with an address.