


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 12, 2004 8:00 am**  
**Secretary of State**

08-12-2004 90001 032 \*\*\*\*61.25

<b>DOCUMENT # 726225</b>			
1. Entity Name <b>OKEECHOBEE CONDOMINIUM, INC.</b>			
Principal Place of Business <b>1285 W. 26TH PLACE, #201 HIALEAH FL 33010</b>		Mailing Address <b>1285 W. 26TH PLACE, #201 HIALEAH FL 33010</b>	
2. Principal Place of Business Suite, Apt. #, etc. <b>#104</b>		3. Mailing Address Suite, Apt. #, etc. <b>#104</b>	
City & State		City & State	
Zip	Country	Zip	Country

04007919



MOORE CR2E037 (4/04)

4. FEI Number <b>23-0726225</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>BLANCO, ADELFA 1005 S.W. 191ST LANE PEMBROKE PINES FL 33029</b>		Name <b>HERNANDEZ, BELKIS C.</b>	
		Street Address (P.O. Box Number if Not Applicable) <b>1285 W 26TH PLACE #104</b>	
		City <b>HIALEAH</b>	
		State <b>FL</b>	
		Zip Code <b>33010</b>	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Belkis C. Hernandez* DATE **8-4-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees.	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, BELKIS C 1285 W. 26TH PLACE, #201 <b>104</b> HIALEAH FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOZA, MIGUEL A 1285 W. 26TH PLACE, #201 <b>104</b> HIALEAH FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLANCO, ADELFA 1005 S.W. 191ST LANE PEMBROKE PINES FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Belkis C. Hernandez* **BELKIS C. HERNANDEZ, P. 8-4-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #