

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**


**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90029 014 \*\*\*\*61.25

**DOCUMENT # 726225**

1. Entity Name

**OKEECHOBEE CONDOMINIUM, INC.**



Principal Place of Business      Mailing Address

1285 W. 26TH PLACE      1285 W. 26TH PLACE  
APT # 104      APT # 104  
HIALEAH FL 33010      HIALEAH FL 33010



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

23-0726225      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, BELKIS C  
1285 W 26TH PL  
#104  
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name *Belkis C. Hernandez*

Street Address (P.O. Box Number is Not Acceptable)  
*1285 W 26th Pl apt 104*

City *Hialeah*      FL      Zip Code *33010*

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 *2-11-06*

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, BELKIS C	
STREET ADDRESS	1285 W 26TH PL #104	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOZA, MIGUEL A	
STREET ADDRESS	1285 W 26TH PL #104	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*      DATE: *2-11-06*      (786) 586-2396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Document Page #