

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
APT # 104
HIALEAH FL 33010

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

23-0726225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HERNANDEZ, BELKIS C
STREET ADDRESS 1285 W 26TH PL #104
CITY-ST-ZIP HIALEAH FL 33010 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME BOZA, MIGUEL A
STREET ADDRESS 1285 W 26TH PL #104
CITY-ST-ZIP HIALEAH FL 33010 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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 *Belkis C Hernandez* 2-11-06 (786) 586-2396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #