## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 15, 2008 08:00 AN Secretary of State **DOCUMENT # 726225** 1. Entity Name OKEECHOBEE CONDOMINIUM, INC. Principal Place of Business Mailing Address 1285 W. 26TH PLACE 2560 W. 9TH COURT APT # 104 HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State 4. FEI Number City & State Applied For 23-0726225 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, BELKIS C 2560 W. 9TH COURT Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33010 City Zip Code 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) FILE NOW FEE IS 561 25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE Change U000000829491 HERNANDEZ, BELKIS C NAME NAME 02/26/08-80044-002 61.25 2560 W. 9TH COURT STREET ADDRESS STREET ADDRESS HIALEAH FL 33010 CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BOZA, MIGUEL A NAME NAME STREET ADDRESS 2560 W. 9TH COURT STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP CITY-ST-ZIP TITLE Addinon Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7IP

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:

**FILED**