

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 PM 4: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745931 (6)

1. Corporation Name

OUSLEY ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1582
OKEECHOBEE FL 34973-1582

P.O. BOX 1582
OKEECHOBEE FL 34973-1582

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

02/13/1979

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2089489

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAYTOVICH, RUSSELL
4100 SW 16TH AVE
OKEECHOBEE FL 34974

81 Name

WAYTOVICH, DEBORAH

82 Street Address (P.O. Box Number is Not Acceptable)

4150 SW 11TH WAY

83

84 City

OKEECHOBEE

FL

85 Zip Code
34974

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Deborah Waytovich

DEBORAH WAYTOVICH, ASST. SEC.

4/5/1995

Signature, typed or printed name of registrant, agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
JOHNSON, VERN
4100 SW 13TH WAY
OKEECHOBEE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

P
JOHNSON, VERN
4100 SW 13TH WAY
OKEECHOBEE, FL. 34974

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
WAYTOVICH, RUSSELL
4100 SW 16TH AVE
OKEECHOBEE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

VP
HANCOCK, HAROLD
4166 SW 16TH AVE.
OKEECHOBEE, FL. 34974

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ST
PETERS, TERRY
3908 SW 14TH TERR
OKEECHOBEE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

T
GAMMILL, JOHN
PO BOX 364
OKEECHOBEE, FL. 34973 N/A

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
HOLSINGER, DALE
4052 SW 16TH AVE
OKEECHOBEE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

S
WILLIAMS, BETTY
1343 SW 39TH LANE
OKEECHOBEE, FL. 34974

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ASST. S
WAYTOVICH, DEBORAH
4150 SW 11TH WAY
OKEECHOBEE, FL. 34974

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

ASST. S
WAYTOVICH, DEBORAH
4150 SW 11TH WAY
OKEECHOBEE, FL. 34974

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

See 7/6

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 if changed, or on an attachment with an address.

SIGNATURE:

Vern Johnson

4/5/1995

(813) 467-2016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VERN JOHNSON (PRES.)

Date

Daytime Phone #