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Sep 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 745931 (6)
1. Corporation Name
OUSLEY ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 1582 P.O. BOX 1582
OKEECHOBEE FL 34973-1582 OKEECHOBEE FL 34973-1582

3. Date Incorporated or Qualified 02/13/1979 3a. Date of Last Report 04/17/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2089489	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

WAYTOVICH, DEBORAH
4150 SW 11TH WAY
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HANCOCK, HAROLD	1.2 NAME	HANCOCK, HAROLD
STREET ADDRESS	4166 SW 16TH AVE	1.3 STREET ADDRESS	4166 SW 16th Avenue
CITY-ST-ZIP	OKEECHOBEE FL	1.4 CITY-ST-ZIP	Okeechobee, FL 34974
TITLE	VPD	2.1 TITLE	VPD
NAME	HANCOCK, HAROLD	2.2 NAME	Wakeley, Wayne/Dorothe
STREET ADDRESS	4166 SW 16TH AVE	2.3 STREET ADDRESS	4200 SW 16th Avenue
CITY-ST-ZIP	OKEECHOBEE FL 34974	2.4 CITY-ST-ZIP	Okeechobee, FL 34974
TITLE	TD	3.1 TITLE	TD
NAME	GAMMILL, JOHN	3.2 NAME	John Gammill
STREET ADDRESS	P OBOX 364 N/A	3.3 STREET ADDRESS	4001 SW 39th Lane
CITY-ST-ZIP	OKEECHOBEE FL 34973	3.4 CITY-ST-ZIP	Okeechobee, FL
TITLE	VPD	4.1 TITLE	
NAME	WAKELEY, WAYNE	4.2 NAME	
STREET ADDRESS	4200 SW 16TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	AS
NAME	WAYTOVICH, DEBORAH	5.2 NAME	Waytovich, Deborah
STREET ADDRESS	4150 SW 11TH WAY	5.3 STREET ADDRESS	4150 SW 11th Way
CITY-ST-ZIP	OKEECHOBEE FL 34974	5.4 CITY-ST-ZIP	Okeechobee, FL 34974
TITLE	TD	6.1 TITLE	TD
NAME	GAMMILL, JOHN	6.2 NAME	Childs, William/Mary
STREET ADDRESS	4001 SW 9TH WAY	6.3 STREET ADDRESS	4151 SW 11th Way
CITY-ST-ZIP	OKEECHOBEE FL	6.4 CITY-ST-ZIP	Okeechobee, FL 34974

14. I do 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 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.

CP2E037 (9/96)