


FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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

Principal Place of Business <b>P.O. BOX 1582 OKEECHOBEE FL 34973-1582</b>	Mailing Address <b>P.O. BOX 1582 OKEECHOBEE FL 34973-1582</b>
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. <b>SAME AS ABOVE</b> 23 City & State <b>Okeechobee, FL</b> 24 Zip <b>34974</b>	2a. Mailing Address 26 Suite, Apt. #, etc. <b>SAME AS ABOVE</b> 28 City & State <b>Okeechobee, FL</b> 29 Zip <b>34974</b>
--	---

3. Date Incorporated or Qualified <b>02/13/1979</b>	4. FEI Number <b>59-2089489</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N/A</b>		

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 **Edward A. Kilroy**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4006 SW 16 Ave**  
83 City **Okeechobee** **FL** 85 Zip Code **34974**

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 *Edward A. Kilroy* DATE **4-27-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE <b>HANCOCK, HAROLD 4106 SW 16TH AVE OKEECHOBEE FL</b>	1.1 TITLE <b>President D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE <b>WAKELEY, WAYNE/DOROTHE 4200 SW 16TH AVE OKEECHOBEE FL</b>	1.2 NAME <b>Robert Williams</b>
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE <b>GAMMILL, JOHN 4001 SW 39TH LN OKEECHOBEE FL</b>	1.3 STREET ADDRESS <b>4196 SW 13 WAY</b>
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE <b>WAKELEY, WAYNE 4200 SW 16TH AVE OKEECHOBEE FL</b>	1.4 CITY-ST-ZIP <b>Okeechobee, FL 34974</b>
TITLE <b>AS</b>	<input checked="" type="checkbox"/> DELETE <b>WAYTOVICH, DEBORAH 4150 SW 11TH WAY OKEECHOBEE FL 34974</b>	2.1 TITLE <b>Vice President D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE <b>CHILDS, MARY 4151 SW 11TH WAY OKEECHOBEE FL</b>	2.2 NAME <b>Walt MacKin</b>
		2.3 STREET ADDRESS <b>3688 SW 13 Terr.</b>
		2.4 CITY-ST-ZIP <b>Okeechobee, FL 34974</b>
		3.1 TITLE <b>Treasurer D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME <b>HENRIETTA Palumbo</b>
		3.3 STREET ADDRESS <b>3649 SW 13 Terr</b>
		3.4 CITY-ST-ZIP <b>Okeechobee, FL 34974</b>
		4.1 TITLE <b>Association Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME <b>Edward A. Kilroy</b>
		4.3 STREET ADDRESS <b>4006 SW 16 Ave</b>
		4.4 CITY-ST-ZIP <b>Okeechobee, FL 34974</b>
		5.1 TITLE <b>At Large D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME <b>Waverly Osborne</b>
		5.3 STREET ADDRESS <b>3764 SW 13 Terr</b>
		5.4 CITY-ST-ZIP <b>Okeechobee, FL 34974</b>
		6.1 TITLE <b>N/A.</b>
		6.2 NAME
		6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE: *Edward A. Kilroy* DATE **4-27-98** (1) 941-763-3536

CR2E037 (10/97)