

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745931

1. Entity Name

OUSLEY ESTATES HOMEOWNERS ASSOCIATION, INC.

FILED

Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90216 032 ****70.00

Principal Place of Business

Mailing Address

P.O. BOX 1582
OKEECHOBEE FL 34973-1582

P.O. BOX 1582
OKEECHOBEE FL 34973-1582

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2089489

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALUMBO, HENRIETTA
3649 SW 13TH TERR
OKEECHOBEE FL 34974

Name

ROBERT E. WILLIAMS

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

4196 S.W. 13TH WAY

City

OKEECHOBEE

FL

Zip Code

34974

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.

SIGNATURE

Robert E. Williams

ROBERT E. WILLIAMS

4-8-02

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME HAYS, CHARLIE
STREET ADDRESS 4130 SW 9TH WAY
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE PD ☐ Change ☒ Addition
NAME ROBERT E. WILLIAMS
STREET ADDRESS 4196 S.W. 13TH WAY
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE VTD ☒ Delete
NAME PALUMBO, HENRIETTA
STREET ADDRESS 3649 SW 13TH TERRACE
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE VD ☐ Change ☒ Addition
NAME ROBERT BLAHA
STREET ADDRESS 4100 S.W. 11TH WAY
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE SD ☒ Delete
NAME COLLINS, CATHY
STREET ADDRESS 1069 SW 39TH LANE
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE TD ☐ Change ☒ Addition
NAME DADIEL BOGGS
STREET ADDRESS 3885 S.W. 11TH AVE
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE D ☒ Delete
NAME BLEVINS, JOHNNIE
STREET ADDRESS 969 SW 39TH LANE
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE SD ☐ Change ☒ Addition
NAME FAYE MACKIN
STREET ADDRESS 3608 S.W. 13TH TERR
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE D ☒ Delete
NAME BOGGS, LINDA
STREET ADDRESS 3885 SW 11TH AVENUE
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE D ☐ Change ☒ Addition
NAME EVERETT GALLOWAY
STREET ADDRESS 3798 S.W. 13TH TERR
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME MARTHA GRONDIS
STREET ADDRESS 4058 S.W. 13TH WAY
CITY-ST-ZIP OKEECHOBEE, FL 34974

12. 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 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:

Robert E. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-02 357-5906

CR2E037 (9/01)