


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 745931 1. Entity Name OUSLEY ESTATES HOMEOWNERS ASSOCIATION, INC.	
--	---

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

DO NOT WRITE IN THIS SPACE



01202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2089489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOGGS, DANIEL C 3885 SW 11TH AVE OKEECHOBEE, FL 34974

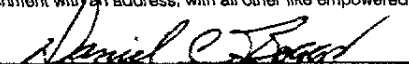
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000075608 03/03/04-80067-005 70.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ROBERT E 4196 SW 13TH WAY OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYES, WILLIAM(BILL) 4130 SW 9TH WAY OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOGGS, DANIEL 3885 SW 11TH AVE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMERON, CALLIE 3729 SW 13TH TERR OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GALLOWAY, EVERETT 3798 SW 13TH TERR OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLEVINS, JOHNNIE 967 SW 39TH LN OKEECHOBEE, FL 34974

DO NOT WRITE IN THIS SPACE

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3-1-04 <small>Date</small>	863-467-4598 <small>Daytime Phone #</small>