


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90300 042 \*\*\*\*70.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # 745931</b><br>1. Entity Name<br><b>OUSLEY ESTATES HOMEOWNERS ASSOCIATION, INC.</b>   |   |   |   |                  |  |
| Principal Place of Business<br><b>P.O. BOX 1582<br/>OKEECHOBEE, FL 34973-1582</b>  |   |   | Mailing Address<br><b>P.O. BOX 1582<br/>OKEECHOBEE, FL 34973-1582</b>   |   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |   |  |
| City & State   |   | City & State  |   |   |  |
| Zip  |   | Country   |   | Zip   |  |
| Country  |   | Country   |   | 4. FEI Number<br><b>59-2089489</b>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BOGGS, DANIEL C<br/>3885 SW 11TH AVE<br/>OKEECHOBEE, FL 34974</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by September 6, 2006</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>WILLIAMS, ROBERT E</b><br><b>4196 SW 13TH WAY</b><br><b>OKEECHOBEE, FL 34974</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VICE-PRES</b><br><b>MAC MCADAMS</b><br><b>4096 S.W. 9TH WAY</b><br><b>OKEECHOBEE, FL 34974</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD</b><br><b>DUPONT, GEORGE</b><br><b>4131 SW 9TH WAY</b><br><b>OKEECHOBEE, FL 34974</b>     | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>SD</b><br><b>CATHY COLLINS</b><br><b>1069 S.W. 39TH LANE</b><br><b>OKEECHOBEE, FL 34974</b>    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TD</b><br><b>BOGGS, DANIEL</b><br><b>3885 SW 11TH AVE</b><br><b>OKEECHOBEE, FL 34974</b>     | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>PATY HERNANDEZ</b><br><b>4197 S.W. 11TH WAY</b><br><b>OKEECHOBEE, FL 34974</b>     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V</b><br><b>ARRAISTS, ANDY</b><br><b>1471 SW 37TH COURT</b><br><b>OKEECHOBEE, FL 34974</b>   | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>JAMES ROBINSON</b><br><b>4030 S.W. 9TH WAY</b><br><b>OKEECHOBEE, FL 34974</b>      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SD</b><br><b>GRONDIN, MARTY</b><br><b>4058 SW 13TH WAY</b><br><b>OKEECHOBEE, FL 34974</b>    | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>DIANE HANNON</b><br><b>3866 S.W. 13TH TERRACE</b><br><b>OKEECHOBEE, FL 34974</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>HAYES, BILL</b><br><b>4130 SW 9TH WAY</b><br><b>OKEECHOBEE, FL 34974</b>         | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |   |   |   |   |  |
| <b>SIGNATURE:</b> <u>Daniel Boggs TD</u> <b>DANIEL BOGGS</b>   |   |   | <b>5-1-06</b> <b>863-467-4598</b>   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | <small>Date Daytime Phone #</small>   |   |  |