

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90017 021 ****70.00

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2089489

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOGGS, DANIEL C
3885 SW 11TH AVE
OKEECHOBEE, FL 34974**

Name

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

City

FL

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 *Daniel C. Boggs, Treasurer*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **WILLIAMS, ROBERT E**
STREET ADDRESS **4196 SW 13TH WAY**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

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

TITLE **PD** ☒ Delete
NAME **DUPONT, GEORGE**
STREET ADDRESS **4131 SW 9TH WAY**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE **PD** ☐ Change ☒ Addition
NAME **DONNELLY, DARRELL**
STREET ADDRESS **3996 S.W. 9TH WAY**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE **TD** ☐ Delete
NAME **BOGGS, DANIEL**
STREET ADDRESS **3885 SW 11TH AVE**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE **D** ☒ Change ☐ Addition
NAME **DUPONT, GEORGE**
STREET ADDRESS **4131 S.W. 9TH WAY**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE **VP** ☒ Delete
NAME **MCADAMS, MAC**
STREET ADDRESS **4096 SW 9TH WAY**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE **SD** ☐ Change ☒ Addition
NAME **DUBOSE, JOHN**
STREET ADDRESS **4097 S.W. 9TH WAY**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **MCADAMS, MAC**
STREET ADDRESS **4096 S.W. 9TH WAY**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **ROBINSON, JAMES**
STREET ADDRESS **4030 S.W. 9TH WAY**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

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.

SIGNATURE:

Daniel C. Boggs

DANIEL C. BOGGS

04-18-08

863-467-4598

BLOCK 11 CONT.

TITLE D.

HANNON, WENDELL
3866 SW. 13TH TERR.
OKEECHOBEE, FL. 34974

☒ ADDITION

D.

DAVIS JAMES
3990 S.W. 9TH WAY
OKEECHOBEE, FL. 34974

☒ ADDITION

ATTACHMENT

40077406
#745931