2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745931

FILED Apr 16, 2009 Secretary of State

Entity Name: OUSLEY ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2564 SW 24TH AVENUE

OKEECHOBEE, FL 349731582 OKEECHOBEE, FL 349731582

Current Mailing Address: New Mailing Address:

P.O. BOX 1582

OKEECHOBEE, FL 349731582

FEI Number: 59-2089489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOGGS, DANIEL C MIKOVSKY, GLENDA T 2564 SW 24TH AVENUE 3885 SW 11TH AVE

OKEECHOBEE, FL 34974 US US OKEECHOBEE, FL 34974

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: GLENDA T. MIKOVSKY 04/16/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VPD (X) Change () Addition () Delete WILLIAMS, ROBERT E DONNELLY, DARRELL Name: Name:

4196 SW 13TH WAY Address: 3996 SW 9TH WAY Address: City-St-Zip: OKEECHOBEE, FL 34974 City-St-Zip: OKEECHOBEE, FL 34974

Title: PD Title: (X) Change () Addition () Delete DONNELLY, DARRELL Name: MIKOVSKY, GLENDA T Name:

Address: 3996 S W 9TH WAY Address: 2564 SW 24TH AVENUE City-St-Zip: OKEECHOBEE, FL 34974 City-St-Zip: OKEECHOBEE, FL 34974

Title: () Delete Title: () Change () Addition

DUPONT, GEORGE Name: Name: Address: 4131 SW 9TH WAY Address: City-St-Zip: OKEECHOBEE, FL 34974 City-St-Zip:

Title: SD () Delete Title: (X) Change () Addition

Name: DUBOSE, JOHN Name: DAVIS, JIM Address: 4097 SW 9TH WAY Address: 2205 SW 2ND AVENUE OKEECHOBEE, FL 34974

City-St-Zip: City-St-Zip: OKEECHOBEE, FL 34974

Title: () Delete Title: (X) Change () Addition MCADAMS, MAC ROBINSON, JIM Name: Name: 4096 SW 9TH WAY 4030 SW 9TH WAY Address: Address: City-St-Zip: OKEECHOBEE, FL 34974 City-St-Zip: OKEECHOBEE, FL 34974

Title: () Delete Title: () Change (X) Addition

GEHRING, MIKE Name: Name: Address: Address: 1299 SW 39TH LANE OKEECHOBEE, FL 34974 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENDA T. MIKOVSKY S/T 04/16/2009

Electronic Signature of Signing Officer or Director

Date