

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745931

FILED
Apr 26, 2011
Secretary of State

Entity Name: OUSLEY ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2564 SW 24TH AVENUE
OKEECHOBEE, FL 34974

New Principal Place of Business:

2564 SW 24TH AVENUE
OKEECHOBEE, FL 34974 UN

Current Mailing Address:

P.O. BOX 1582
OKEECHOBEE, FL 349731582

New Mailing Address:

P.O. BOX 1582
OKEECHOBEE, FL 349731582 UN

FEI Number: 59-2089489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MIKOVSKY, GLENDA T
2564 SW 24TH AVENUE
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BOGGS, DANIEL
Address: 3885 SW 11TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974 UN

Title: VP
Name: DAVIS, JIM
Address: 2205 SW 2ND AVE
City-St-Zip: OKEECHOBEE, FL 34974 UN

Title: ST
Name: MIKOVSKY, GLENDA T
Address: 2564 SW 24TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974 UN

Title: D
Name: MCADAMS, MAC
Address: 4096 SW 96TH STREET
City-St-Zip: OKEECHOBEE, FL 34974 UN

Title: D
Name: ROBINSON, JO
Address: 4030 SW 9TH WAY
City-St-Zip: OKEECHOBEE, FL 34974 UN

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

I hereby 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 all other like empowered.

SIGNATURE: GLENDA T. MIKOVSKY

S/T

04/26/2011

Electronic Signature of Signing Officer or Director

Date